

BAND PARTICIPATION AND MEDICAL RELEASE FORM

(Revised 2015)

*****NOTARIZE AND RETURN TO BAND SECRETARY*****

PLEASE USE INK

STUDENT NAME _____ DOB _____
ADDRESS _____
HOME PHONE# _____ STUDENTCELL/WORK# _____
PARENT/GUARDIAN _____
PARENT HOME# _____ PARENTCELL/WORK# _____
INSTRUMENT STUDENT PLAYS (Marching) _____
(Concert) _____ STUDENT'S GRADE _____

IN CASE OF ACCIDENT OR ILLNESS NOTIFY: (please print)

NAME _____
ADDRESS _____
DAY _____
PHONE#: _____ EVE. PHONE#: _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN THE CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____ (relationship) _____
DAY PHONE# _____ EVE. PHONE# _____
PHYSICIAN NAME _____ PHONE# _____

I, the undersigned parent or legal guardian of _____, grant full permission to any physician, healthcare professional or hospital to take any action deemed necessary in case of an accident or illness. I give permission for any adult accompanying the band in any activity to seek medical care for my child/ward in the sole discretion of said adult or adult leaders/volunteers. In the event it is necessary for any adult leader or volunteer to seek medical attention for my child, I agree to be fully responsible for the cost of any such medical attention or care and agree to indemnify and hold harmless all adults and releasees and each of them for any loss, liability, damage, cost or expense regarding any such medical care or treatment so obtained for or on behalf of my child/ward.

I, the undersigned parent or legal guardian, will read and understand and agree that my child will be bound by all policies as set forth in the SRHS Band Handbook. I grant full permission for my child to be an active member of the band and to attend all required band functions.

I, the undersigned parent or legal guardian, further agree to hold harmless releasees, SRHS (Sebastian River High School

Band), SDIRC (School District of Indian River County), their employees, agents or representatives for and from any accidents, injuries or other medical conditions that may occur as a result of my child's participation in the band program or band related activities and events. The undersigned does hereby further release, waive and discharge SRHS (Sebastian River High School Band), SDIRC (School District of Indian River County, their employees, agents and representatives (including but not limited to band parents and/or volunteers) and any other persons or entities connected or affiliated in any way, shape or form with Sebastian River High School, School District of Indian River County or the Sebastian River High School Band from any and all liability, loss, damage or any claim on account of any injuries including death to my child/ward or said child's/ward's property whether caused by the negligence of my child/ward, any releasee or otherwise and I expressly release all releasees from any and all acts of their own negligence or fault, whether said negligence or fault be in their individual capacity, a representative capacity or in connection with any negligence or fault of others.

I further understand and agree that a court of law may find that I have waived my right and my child's/ward's right to take legal action against any of the above releasees by signing this document.

I, the undersigned parent or legal guardian further agree to indemnify and hold harmless releasees and each of them for any loss, liability, damage or cost, including reasonable attorney's fees, that releasees may incur if any legal action is taken by or against my child/ward or me as a result of my child's participation in band related activities at or on behalf of Sebastian River High School; agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this release is held invalid, it is agreed that the balance of this release shall, notwithstanding, continue in full force and legal effect.

This document shall remain in effect and be binding unless or until revoked in writing.

Parent / Legal Guardian (signature)

Print name

Date signed

TO BE COMPLETED BY NOTARY PUBLIC: State of Florida, County of _____ Signature was acknowledged before me this _____ day of _____, 20____, who is personally known to me or has produced (type of identification) _____, and did not take an oath.

NOTARY PUBLIC (signature) _____
NAME OF NOTARY (print) _____
(affix notary seal)

List any prescription or non-prescription medicines your child takes on a regular basis: _____

List any allergies (medications, ants, bee stings, food etc.): _____

List any special medical condition, illness, injury or other problem your child may have: _____

SOME REMINDERS: If your child has allergies to insects, food etc.; carries an Epi-pen, inhaler, contact lens solution/drops, insulin or oral medication for diabetes; has mouth care needs i.e. braces; requires a supportive brace i.e.: knee, wrist etc., or if your child is a vegetarian, please list it on this form.

Is your child covered under a Health Insurance Policy? If yes, complete the following:

Insurance Company _____
Address _____
Policy # _____ Group# _____
Telephone # _____

(If you have no health insurance, information can be obtained though the school office re: student health insurance.)

PARENT/GUARDIAN

DATE



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
 School: _____ Grade in School: ____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
Temperature: _____ Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

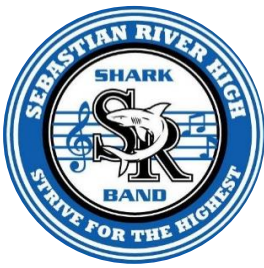
Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



Sebastian River High School Bands

9001 Shark Boulevard
Sebastian, FL 32958

ASHBY GOLDSTEIN
DIRECTOR OF BANDS

SARA DIPARDO
ASSOCIATE DIRECTOR
OF BANDS

SRHS BAND FEE INFORMATION

The Band Fee will be \$125 for the 2015-16 school year.

This fee is due by August 1st. Band fees must be paid (or alternate payment arrangements must be made) before a marching uniform will be issued for the first football game.

Since the band fee is \$25 less than last year, and there are opportunities for families to fundraise to offset their band fees, there will not be a discount for volunteer hours. Please remember, the volunteer hour discount was created due to the increase in band fees over the last two years and now the fee is decreasing. Fee Waivers are available to families who have extreme financial hardship. Alternate payment arrangements can also be made by contacting Mr. Goldstein at Ashby.Goldstein@indianriverschools.org or call the Band Secretary at 564-4387 to set up an appointment.

What does this “band fee” pay for??

Instructional staff salaries (color guard staff, percussion staff, band camp staff, clinicians for rehearsals), Band Secretary salary, new equipment, Penske trucks to take equipment to band events, a drill writer to write the marching drill, sheet music, props, feeding the band on occasion, Prism expenses (EMT's, police, custodians, programs) and practically everything the band does.

To be purchased from the band:

- Band Polo (\$25)
- Band Shorts (\$25)
- Band practice shirts (\$10 each) (if needed/included for new members only)
- Water Cooler (\$5) (if needed/included for new members only)
- Marching Gloves (\$5)
- Flip Folder (\$5) (if needed)

To be purchased from outside vendors for marching band:

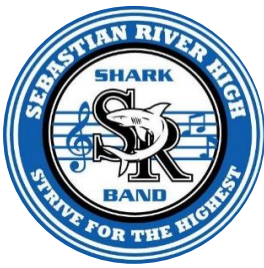
- Black Band Shoes (\$29) – from Dave's Sporting Goods in Vero (1135 US Hwy 1)
- Long Black Socks, 2 pairs – purchased from anywhere
- Black Athletic Shorts, 2 pairs (mesh/basketball/sophies) – purchased from anywhere

To be purchased from outside vendors for concert band:

- Guys – White tux shirt (Island Formals in the mall and other formalwear stores)
- Guys – Black dress pants
- Guys – Black dress shoes
- Ladies – black, plain, flats or character shoes

Other Fees:

- Band Instrument Usage - \$25
- Percussion Fee - \$35



Sebastian River High School Bands

9001 Shark Boulevard
Sebastian, FL 32958

ASHBY GOLDSTEIN
DIRECTOR OF BANDS

SARA DIPARDO
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OF BANDS

ORDER/PAYMENT FORM

Student Name: _____ Student Grade: _____

Parent Name: _____

✓	ITEM	DUE	QTY	EACH	SUBTOTAL
	Band Fee	August 1st		\$125	
	Band Polo (Men's Size: _____)	June 8th		\$25	
	Band Polo (Woman's Size: _____)	June 8th		\$25	
	Band Shorts (Men's Waist: _____)	June 8th		\$25	
	Band Shorts (Woman's 0-25: _____)	June 8th		\$25	
	*Band Practice Shirts (Men's only: _____)	June 8th		\$10	
	*Water Cooler	June 8th		\$5	
	Marching Gloves	August 1st		\$5	
	Flip Folder	June 8th		\$5	
	School Instrument Usage	June 8th		\$25	
	Percussion Fee	August 1st		\$35	
TOTAL =					

*included in Band Fee for New Members only

IMPORTANT:

- Write the student's name on all checks and envelopes
- No cash over \$10.00, check or money order please
- Make checks and money orders payable to **SRHS Band Boosters**
- Please place payments in the white box inside the band room

Sebastian River High School Band

INSTRUMENT AND PERCUSSION MAINTENANCE CONTRACT

(Revised 2014)

“Each student who uses a *school owned instrument* is completely responsible for the care of that instrument or piece of equipment. Lost or damaged items shall be replaced at the student’s expense. Students must return any item checked out at the Directors request. Students must sign a sign-out agreement/contract form in order to use school instruments.”

Above taken from the SRHS Band Handbook

An annual fee per student will be assessed for the maintenance of school owned instruments and equipment. Students who use more than one instrument will only be charged for the first instrument. Students who have not paid this maintenance fee or band fees may lose their ability to continue using the school owned instrument at the director’s discretion.

\$25.00 – Winds
\$35.00 – Percussionists

I have read and understand the above instrumental and equipment maintenance contract.

Student name (please print)

Parent name (please print)

Student signature

Parent signature

Instrument

Instrument serial number(s)

Instrument condition

Directors signature