

**2020-21 Marching Band
Student and Parent/Guardian Contract**

We the undersigned have read the marching band attendance policy and have reviewed the 2020 marching band calendar. We understand the commitment and everything that it involves. We understand that after June 1, 2020 we must honor our commitment to the band for the entire season. We understand that all rehearsals, performances, parades, football games, and competitions are mandatory and the only excused absences are for illness or family emergency (the only exception being for dates Aug 2 – 21. I will notify Mr. Hock of any absence IN ADVANCE as soon as reasonable possible. I understand that missing rehearsals may require that I sit out of performances. I also understand that having 5 or more unexcused absences may result in dismissal from the band.

SUMMER DATES THAT I WILL BE ABSENT: _____

We the undersigned have read the behavior policy and procedures and will abide by all school rules and policies at all times. All behavior, rules and guidelines fall under the school district policy and I understand that if I break the rules, school discipline will follow. I also understand that repeated, serious discipline problems may result in temporary suspension from the band or permanent dismissal from the band.

We the undersigned have read the uniform policy and promise to take care of the school assigned uniform and raincoat. I will follow the dress code and present myself in a professional manner. Any loss or damage to the uniform, shako, or raincoat that is due to neglect on the student's part, said parts or repairs will be replaced or paid for by the student.

We the undersigned have the read the fundraising policy. We understand that the student must meet a fundraising quota of \$200 (for competition students) or \$100 (for football-game-only students) plus pay the \$25 soda donation. We understand that we are responsible to fundraise this amount by the end of the 2020 marching band season or pay the above amount out of pocket by December 1 to the Tyrone Band Boosters.

Student name: _____ Date _____

Student Signature: _____

Parent/
Guardian name: _____ Date _____

Signature: _____

Tyrone Area Marching Band – Contact, Emergency & Medical Information

PRINT neatly. Items with a * are required

Student Name* _____ **Grade Next Year*** _____

Instrument/Section* _____

Student Email* _____

Parent/Guardian 1 Name* _____

Email Address* _____

Home Phone* _____ Cell Phone _____ Work Phone _____

Parent/Guardian 2 Name _____

Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact 1 Name* _____ **Relationship*** _____

Phone # 1* _____ Phone # 2 _____

Emergency Contact 2 Name _____ **Relationship** _____

Phone # 1* _____ Phone # 2 _____

Medical Information

List student's **medical conditions, treatments, or allergies** (*bee or food allergies, diabetes, etc*):

List any **prescribed medications** the student needs to take during band practices or events:

Check the **OTC medications** that the student has permission to receive from Mr. Hock if needed/requested:

Tylenol Ibuprofen/Advil Benadryl Pepto-Bismol Other: _____

Any of the above Do not give any OTC medications to student

I understand that in an emergency situation, the band director and/or chaperones will use their best judgement before a parent/guardian can be reached. If any of this information changes I will notify the band director as soon as possible.

Parent/Guardian signature: _____ **Date:** _____