

STUDENT NAME: _____

Legacy High School Bands

FORMS PACKET

Please sign and return each form in this packet.

ALL forms are due to

Mr. Stansberry by

Thursday, September 1, 2011

LEGACY HIGH SCHOOL BANDS
ACKNOWLEDGEMENT FORM

I have read the 2011-2012 Legacy High School Bands Handbook and agree to accept the stated policies, procedures, and guidelines as a condition of my membership in the Legacy High School Band Program.

Student Signature

Printed Student Name

Date Signed

I/We have read the 2011-2012 Legacy High School Bands Handbook and agree to accept the stated policies, procedures, and guidelines as a condition of my son or daughter's membership in the Legacy High School Band Program.

Parent/Guardian Signature

Parent/Guardian Signature

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Date Signed

Date Signed

LEGACY HIGH SCHOOL WAVIER FORM

I, _____, (print name, parent/guardian) release Legacy High School, J. Clayton Stansberry, Band Director, Mike Jacobetz, Assistant Director, Staff, Chaperones, and any other participant from any damages or injuries that may occur to my student, _____, (print student's name) during any and all fieldtrips or activities in which my student may participate. By signing the "Regular Student Field Trip Permission form" you acknowledge understanding that your student will be granted permission for all fieldtrips for the entire year, although they may not attend them all. On said fieldtrips, this form, along with the "Regular Student Field Trip Permission form," releases the hereto mentioned persons and Legacy High School from any and all liability in conjunction with damages or injuries that may occur to my student.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

WEBSITE DENIAL FORM

Please circle the items you wish for the Legacy High School Band and Band Boosters to PROHIBIT from being published in any form, concerning your student _____(Print Student's Name):

- Picture
- First Name
- Last Name
- Birthday
- Other (please list): _____
- Do not publish **ANY** information concerning my student.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

LEGACY HIGH SCHOOL
MEDICAL RELEASE FORM

***** If the student does not have medical insurance, the parent/guardian must write, sign, and attach a release statement stating they will be financially responsible for any necessary emergency treatment.**

Student's Name: _____

Parent/Guardian's Name: _____

Social Security Number: _____

Home Address: _____

Date of Birth: _____

City: _____ Zip: _____

Home Address: _____

Work Phone: _____

City: _____ Zip: _____

Home Phone: _____

Doctor's Name: _____

Spouse: _____

Address: _____

Spouse Work Phone: _____

Dr. Office Phone: _____

Spouse Home Phone: _____

Dr. Emergency Phone: _____

Medical Insurance – Policy Holder's Name: _____

Policy Number: _____

My daughter/son has the following medical condition(s) which may require emergency care: _____

My daughter/son requires the following medication(s) for the condition(s) listed above: _____

My daughter/son is allergic to the following medication(s): _____

I/we, _____, being the parent/legal guardian of _____ give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his/her condition require this treatment in my absence. I/we understand that, in such case, reasonable attempts will be made to contact me/us, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated here (if none, so state): _____

EMERGENCY CONTACTS (other than parent/guardian):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Notify me and/or the person(s) listed above as soon as possible should there be an emergency:

Parent/Guardian Signature

Date

PARENT/GUARDIAN AUTHORIZATION: I agree not to hold the agents or volunteers liable for any accident, illness or injury to my daughter/son during participation in any authorized activity, including travel to and from.

Parent/Guardian Signature

Date

ADAMS TWELVE Five Star Schools
REGULAR STUDENT FIELD TRIP PERMISSION FORM

INSTRUCTIONS TO SPONSOR/TEACHER

Complete items 1-8, then make enough copies for students in the class/activity.
This form is to be used for local and metro area metro area short trips.
The form is to be completed by staff and submitted to parent for signature.
Complete forms MUST accompany sponsor/teacher on trip.


(1) School: Legacy High School (2) Date(s) of Activity: See Band Calendar (All Applicable)

(3) Destination: See Band Calendar (All Applicable)

(4) Period(s) Absent (if applicable) See Band Calendar (5) Grade Level: 9, 10, 11, 12

(6) Transportation will be by:

- District School Bus
- Private Car
- Walking
- Parent/Guardian (responsibility)
- Commercial Carrier
- Other (Specify) Airlines
- Fee Required
- Other Needs _____

(7) Other Information: _____ (8)  _____
Sponsor/Teacher Signature

PARENT/GUARDIAN'S COMPLETE THE FOLLOWING SECTION.

Student's First & Last Name: _____ Student's ID# (if applicable): _____

Student and parent/guardian must understand that it is the student's responsibility to make up any work missed during the absences.

IMPORTANT INFORMATION

1. I understand that the above identified trip will take place away from school property; may involve transportation as indicated above; and may involve activities beyond the scope of traditional school functions conducted on school district property.
2. I exempt the Board of Education, the School District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity unless caused by actions for which the School District would otherwise be liable under Colorado law.
3. I understand and give full authority for the School District to take whatever actions it deems necessary to safeguard the health and well being of the participating student including, but not limited to, consenting to emergency medical care.

INSURANCE – I understand the School District does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

EXPECTED STUDENT CONDUCT – Students of Adams Twelve Five Star Schools representing a class, sport or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

As parent/guardian of the above-named student, I/we have read the above and do hereby grant permission for him/her to participate in the above identified activity.

Parent(s)/Guardian: _____ Date: _____
Home phone: _____ Work Phone: _____

LEGACY HIGH SCHOOL FIELD TRIP CODE OF CONDUCT

- **At all times Legacy High School students must remember they are representing Legacy High School and maintain the high expectations of attitude and proper personal conduct.**
- **Students must avoid incidents which could be interpreted as bringing discredit to Legacy High School, should there be a circumstance beyond the student's control, he/she must immediately report the incident to their sponsor.**
- **All students are to inform a field trip sponsor of his/her location at all times, and must always be accompanied with a "buddy."**
- **All students must stay at the hotel or sport complex unless previous permission is granted.**
- **Students are responsible for all personal property and money. Therefore, students should be cautious of what is left where - neatness and organization are a must.**
- **Students will be prompt and attend all authorized events.**
- **Students are not to give out any personal information to any person not affiliated with Legacy High School.**
- **Students are responsible for any and all damages they cause.**
- **There is no Alcohol, Tobacco, or Drugs allowed on any district associated activity.**
- **Legacy High School will expect all students to follow the same dress code on field trips as we have established at school.**
- **There will be no opposite sex interactions without sponsor supervision.**
- **All students will show respect to each other and not bring criticism and or discrediting behavior to any of the authorized activities.**
- **Everyone: students, sponsor, etc. will at one time or another become tired and irritated with one another. Please show compassion to one another. It is important to communicate clearly and respect each other. Put-downs and talking behind someone else's back will not be tolerated. Sponsors will be happy to facilitate mediation should it become necessary. However, students are expected to resolve differences among themselves if at all possible.**
- **Failure to comply with any and all rules may be cause for loss of participation time or dismissal from event. Should this be the case, parent/guardian must pick up student from destination location immediately upon notification.**

Student's Signature _____ **Date** _____

Parent/Guardian's Signature _____ **Date** _____