

Please Print Student Name _____

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight-Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction and practice for music activities other than marching band and its components

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: www.uil.utexas.edu

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature _____ Date _____

Student Signature _____ Date _____

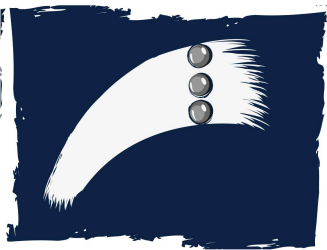
Handbook Signature Form

I have read the 2018-2019 FMHS Band Handbook and understand all rules and policies. I realize violation of the band policies will result in disciplinary action and possible removal from the band program.

Parent Signature _____ Date _____

Student Name (printed) _____

Student Signature _____ Date _____



Media Usage Authorization 2018-2019

Occasions arise during the school year for students to be photographed by professional photographers or teachers/staff for learning and/or teaching opportunities. There may also be opportunities for student photos or projects to be published on the World Wide Web as part of school classes and activities. No last name, home address or telephone numbers should appear on the web. A copy of all such publishing will be printed and provided on request.

The Flower Mound High School Band organization (check one)

_____ has authorization _____ does NOT have authorization

to take photographs of my child at band events and use them for the purposes such as, but not limited to: review, evaluation, recognition, promotion, and recruitment. Furthermore, I consent that the utilized medium may be copied, published, webcast or broadcast for such purposes together with descriptions and editorial statements.

Student's Name _____

Student's Instrument _____

Parent/Guardian's Name Printed _____

Parent/Guardian's Signature _____

Phone Number _____

Date _____



Flower Mound High School Band
General and Medical Release Form

I, the undersigned, for the purpose of enabling my child, a minor, (*please print student name*)

_____ to participate in *ALL FLOWER MOUND HIGH SCHOOL BAND ACTIVITIES AND TRIPS DURING THE 2018-2019 SCHOOL YEAR*, do hereby release and authorize the Flower Mound High School Band Staff, Band Boosters Club, representatives or agents as follows:

1. You are hereby released from any and all liability or claims present or future, known or unknown, of every kind, character or description that may be created by or arising out of, either directly or indirectly, said school function.

2. In the event of accident, injury or illness requiring medical attention, you are specifically authorized and given sole discretion to obtain such medical attention at such place and from such person or persons as your sole judgment shall determine necessary.

I have read this release and understand its terms. I execute voluntarily with full knowledge of its significance, and with the intention of binding myself.

Parent(s) Signature: _____ Date: _____

Contact Information – Please Print information

Print Student’s Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Father’s Name _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Mother’s Name: _____ Day Phone: _____ Evening

Phone: _____ Cell Phone: _____

Insurance Company: Name: _____

Group # _____ Policy # _____

Phone # _____

Medical Information – Please Print

Medication Allergies (or write NONE): _____

Food or OTHER Allergies (or write NONE): _____

List ongoing medications w/dosage: _____

Inhalers: YES NO

Epi-pens: YES NO

Medical History: _____

Family Physician/Pediatrician: _____

Physician’s phone number: _____

Medication Administration

I hereby authorize the FMHS Band Medic staff, physician, or school representative to provide immediate care and treatment of any injury or sickness, and to utilize emergency services or hospitals as necessary. **I further authorize** the Medic staff to administer to my child over-the-counter medications as needed during FMHS band activities 2018-2019. This list includes but is not limited to Ibuprofen, Acetaminophen, oral or topical Benadryl, Claritin, Cough or Throat lozenges, Tums, Imodium, etc.

Parent/ Guardian Signature: _____

Date: _____

I do NOT wish for my child to receive any medications by Medic staff.

Parent/ Guardian Signature: _____

Date: _____

~ PLEASE NOTE: NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN MARCHING BAND WITHOUT THIS FORM ON FILE ~

FLOWER MOUND HIGH SCHOOL

Team/Group Event Parent Permission Slip

This form reflects all days that your student will be absent or released early for their sport or group. Please review the dates and sign where indicated below. If this form is not received by the day of the event, the student will not be allowed to leave school to attend.

Team/Group Name **FLOWER MOUND BAND**

DATE	LOCATION	PERIOD(S) MISSED
<i>August 17, 2018</i>	<i>Liberty Elementary School (selected members only)</i>	<i>1</i>
<i>October 4, 2018</i>	<i>Middle School Band Day – FMHS Stadium</i>	<i>1,2</i>
<i>November 15, 2018</i>	<i>All Region Auditions – Lewisville HS (only auditioning students)</i>	<i>4</i>
<i>January 17, 2019</i>	<i>All Region Band Clinic – Guyer HS</i>	<i>4</i>
<i>January 18, 2019</i>	<i>All Region Band Clinic – Guyer HS</i>	<i>All</i>
<i>February 13-15, 2019</i>	<i>TMEA – San Antonio, TX (All State Students only)</i>	<i>All</i>
<i>April 16-18, 2019</i>	<i>UIL Concert and Sightreading Contest - Hebron HS</i>	<i>TBD</i>
<i>May 20-23, 2019</i>	<i>Elementary School Concerts (Wind Symphony only)</i>	<i>1</i>

I am aware that _____ will be leaving school on the above dates to participate in a school approved activity.

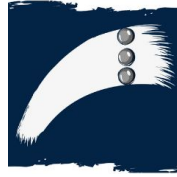
I release Flower Mound High School and the Lewisville I.S.D. from any liability should an accident occur during this trip.

(Signature of Parent/Guardian)

(Date)

(Phone)

***ALL TRIPS MUST BE APPROVED BY SONYA LAIL**



2018 FMHS Band Away Game Meals Order Form

** Each meal includes a main course, drink, chips, and a cookie.

** Meals will be served after school in the cafeteria.

Student Name _____ Phone _____

Grade: 9 10 11 12

1. Please Circle size option:

REGULAR \$45
1 sandwich or wrap
2 slices pizza

OR

XL \$54
2 sandwiches or wraps
3 slices pizza

2. Please Circle meal choice:

September 14 (Papa John's Pizza)

Cheese

or

Pepperoni

or

Sausage

September 28 (Chick-Fil-A)

Breaded Chicken Sandwich

or

Veggie Wrap

October 11 (Papa John's Pizza)

Cheese

or

Pepperoni

or

Sausage

October 26 (Chick-Fil-A)

Breaded Chicken Sandwich

or

Veggie Wrap

November 2 (Papa John's Pizza)

Cheese

or

Pepperoni

or

Sausage