

GOLDEN VALLEY HIGH SCHOOL BAND

Information Sheet

2016-2017

(for internal use only)

Please Print Clearly

Personal Information

First Name: _____ Last Name: _____

Birth date: _____ Sex: _____ Current Grade in School: _____

Student ID #: _____ Graduation Year: _____

Student Email Address: _____

Group(s) Participating in (circle all that apply):

Jazz Band

Symphonic Band

Marching Band

Color Guard

Instrument: _____

Years Playing Instrument: _____ Jr. High Attended: _____

Are you currently taking private lessons on your primary instrument? _____

If Yes: Teacher Name: _____ Phone: _____

Have you had private piano lessons: _____ How long?: _____

Does the band have permission to display any pictures of you on our website?

(Please circle one) **Yes** **No**

Contact Information

What parent or guardian in your family should we direct band communication and e-mails toward?
(circle one) **Mother** **Father** **Both** **Other** _____

Name of Primary Contact (s) _____

Address of Primary Contact: _____
(please include zip) _____

Home Phone of Contact: _____ Work Phone: _____

***Email address of Primary Contact:** _____



Golden Valley High School

“Grizzly” Marching Band

27051 Robert C. Lee Parkway • Santa Clarita, CA 91321

Phone: 661.298.8140 ext. 1615 • Fax: 661.250.8362

Roger Brooks, Director of Bands • rbrooks@hartdistrict.org

Marching Band Participation Agreement 2015-2016

Student Name: _____ Instrument: _____

Next year I will be a: (circle one) **FRESHMAN** **SOPHOMORE** **JUNIOR** **SENIOR**

By signing below, I agree to participate in the Golden Valley High School “Grizzly” Marching Band. All of those signing below understand that:

- Students are required to be at **ALL** rehearsals and performances as documented on the calendar. Students with excessive absences or tardies may be removed from the Marching Band.
- The Marching Band calendar is subject to change at any time. When possible, notice of changes will be given at least two weeks in advance and a current calendar will be permanently updated on the band website. Please notify Mr. Brooks of any schedule conflicts as soon as possible.
- Students will be required to pay a **Band Camp Fee of \$600**. This will be spread out into three \$200 payments which are due at the beginning of each of the three summer band camps (6/6, 6/27 & 7/25). You will not be allowed to participate in the band camps unless you have paid the band camp fee and/or signed a payment contract with the boosters and Mr. Brooks. No individual will be denied the ability to enroll in the Marching Band / Symphonic Band class however, participation in the competitive field show band and color guard will be reserved for those students who have participated in the summer band camps as that is when we will be learning the show formations and music.
- **Winter Drum Line and Winter Guard will have additional expenses.** More information will be forthcoming
- Fund-raising will be happening throughout the year. Goals will be set for each fund-raiser. ***If these goals are not met, events will be canceled.*** ALL MEMBERS OF THE GRIZZLY BAND & COLOR GUARD ARE EXPECTED TO PARTICPATE.
- Students will be required to maintain a 2.0 grade point average for eligibility. Students falling below a 2.0 will not be allowed to participate in Marching Band practices, performances, or celebrations.

Student Name	Student Signature	Date
--------------	-------------------	------

Parent Name	Parent Signature	Date
-------------	------------------	------

**Make Checks Payable to the Golden Valley HS Band Boosters
Credit Card payments will be available at the Band Camps**

Please bring all marching agreements and payments to band camp #1 or mail to:
Mr. Roger Brooks c/o Golden Valley HS
27051 Robert C. Lee Parkway, Santa Clarita, CA 91350

ALL FORMS MUST BE RECEIVED BY WEDNESDAY, JUNE 27TH

Authorization for Emergency Medical Care (Waiver)

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be reasonably reached.

1. NAME (last) _____ (first) _____ (mi) _____ Grade _____ Date _____

ADDRESS (residence) _____ Sex _____ Age _____ Date of Birth _____

City _____ Zip _____ Phone _____ Social Security No. _____

2. Father's Name _____ Phone _____ Employer _____ Phone _____

3. Mother's Name _____ Phone _____ Employer _____ Phone _____

4. Name and phone number of person(s), other than parent or guardian, who is authorized to approve emergency medical treatment:

Name _____ Phone _____

5. Family Doctor _____ Phone _____ Family Dentist _____ Phone _____

Health Insurance Co. _____ Policy I.D.# _____ Agent _____ Phone _____

In the event reasonable attempts to contact me/us at above-locations, or other person(s) named in item 4, above, full authorization is given for (1) administration of any treatment deemed to be necessary by a licensed trainer, or medical practitioner, and (2) the transfer of son/daughter or ward to any licensed trainer, or medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Blood Type _____ Allergies _____ Allergies to specific medication(s) _____

Glasses or Contacts _____ False Teeth or Bridgework _____ Last Tetanus Booster _____

Any previous significant medical problems _____

Date _____ Signature of Parent or Guardian _____

**PARENT’S OR GUARDIAN’S PERMISSION FOR FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of Golden Valley High School

 has my permission to participate in the field trips to
(Student’s Name)

All Band, Drum Line, & Color Guard Events for 2016-2017 School Year

Purpose of Trip: TBD

Date: TBD **Departure Time** TBD **Return Time** TBD

Supervisor(s) of trip Roger Brooks , Hector Juarez or Brian Nunez

NOTE TO PARENT/GUARDIAN:

Section 35330 of the California Education Code states in part:

“All persons making the field trip shall be deemed to have waived all claims against the district of the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.”

I give my permission for my student to attend this trip. I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of the activity.

(Parent’s/Guardian’s Signature)

Date

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Student’s Name Date of Birth

Home Address

Home Telephone Number

Parent/Guardian Name (Please Print)

Business Telephone Number – Parent/Guardian

Emergency Telephone Number

Authorization (Signature) of Parent/Guardian

Date

Instructions for special medical treatment: _____

Attendance and Eligibility Policy for Co-Curricular and Extra Curricular Students

FULL SCHOOL DAY Students are required to attend ALL classes in which they are enrolled (except those classes which must be missed because of travel time to contest, game, or performance) in order to participate in a event that afternoon or evening.

Medical and dental appointments shall be made on day **OTHER** than “participation” days. If a student must be absent for an appointment, proper school procedure must be followed to clear the absence (IN ADVANCE) in order to permit participation.

PROCEDURE:

- Parent must notify administrator 24 hours in advance of appointment.
- Student must not miss more than 1 class period for the appointment.
- Student must check both in and out with the attendance office.

If the student does not comply with the attendance regulation and in violation participates in an activity, that student shall be denied participation in the next two regular activities and may face additional disciplinary actions.

The principal or designees shall verify compliance with attendance regulations.

ELIGIBILITY:

All students in the band program are required to maintain a minimum 2.0 grade point average (GPA). Any student who falls below a 2.0 GPA will be declared ineligible and will not be allowed to participate in any performances until the following grading period, assuming the student has raised their GPA to higher than a 2.0. Any student who has a GPA lower than 2.0 for two or more grading periods (including progress reports) may be removed from any or all ensembles at Mr. Brooks’ discretion.

THERE ARE NO REFUNDS DUE TO NON-PARTICIPATION AS A RESULT OF INELIGIBILITY. (This includes band, drum line or color guard trips)

Student Signature

Parent Signature

Date