



INFORMATION FORM & POLICY AGREEMENT

ALL BANDS 2021-2022

STUDENT INFORMATION

Name: _____ Grade (Fall 2020): _____

Email Address: _____ Cell-Phone Number: _____

Student ID Number (Probably your lunch number): _____

Marching Band Section (Instrument/Color Guard, etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ T-Shirt Size (Adult): XS S M L XL XXL

PARENT/GUARDIAN INFORMATION

Mother's Name (Guardian 1): _____

Email Address: _____ Cell-Phone Number: _____

Father's Name (Guardian 2): _____

Email Address: _____ Cell-Phone Number: _____

POLICY AGREEMENT

We have read/completed the South Forsyth High School Band policies/forms and we understand the responsibilities of being a member of the program. As such, we have read and agreed to the following documents and policies: **(Initial next to each)**

_____ WELCOME LETTER

_____ SOCIAL MEDIA POLICY

_____ CALENDAR

_____ VARSITY LETTER POLICY

_____ ATTENDANCE POLICY

_____ REHEARSAL CHECKLIST

_____ PUBLIC EXPECTATIONS/ETIQUETTE

_____ UNIFORM POLICY

_____ PARTICIPATION FEES & FINANCIAL POLICIES

_____ FUNDRAISER POLICIES

In addition, we are aware that ALL dates/information/fundraisers are available on the band website www.sfhsbands.net and agree to check this weekly for updates.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PLEASE **EMAIL** A PHOTO OF YOUR INSURANCE CARD WITH YOUR STUDENT'S NAME IN THE SUBJECT LINE TO ajustus@forsyth.k12.ga.us



HEALTH & MEDICAL RECORD

ALL BANDS 2021-2022

Name: _____ Birthdate: _____

Home Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, notify: _____ Relationship: _____

Phone Number (s): _____

Medical Conditions: _____

Does Student take medication? _____ If so, what medication(s)? _____

Do you give permission for chaperones to give your student over-the-counter medication if need arises?

_____ Yes _____ No Are they up to date on Immunization? _____

Operations and/or serious injuries and dates: _____

Please list any allergies: _____

Is there any other information, instructions or legal restrictions that would be significant in the care of your child? _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Phone Number: _____

Insurance Policy Holder: _____ Insurance Group Number: _____

TRAVEL AND MEDICAL RELEASE

I give permission for my child to accompany the South Forsyth Band on all scheduled trips during the 2020-2021 school year. In case of an emergency, I give permission for a band director and/or accompanying chaperone to authorize treatment by a physician or hospital for my child during all SFHS trips during the 2020-2021 school year.

Signature of Parent or Guardian: _____ Date: _____

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TEACHER/STUDENT/PARENT FIELD TRIP FORM

ALL BANDS 2021-2022

Name: _____ Date: _____

has permission to go to ALL BAND EVENTS

with MR. HENDRICKS on 2020-2021 | SCHOOL YEAR

The group is traveling via SCHOOL BUS / DISTRICT APPROVED CHARTER BUS

This form must be filled out completely and returned to _____ by _____.

For the Student

I realize that this field trip represents an enrichment of class activity; I will, therefore, conduct myself accordingly while on the field trip. All South Forsyth High School and Forsyth County Schools rules apply. I understand that I am responsible for assignments in other classes, making up missed work, and turning in work on time.

Student's Signature

For the Parents

If any teacher has discouraged your child's absence, we recommend that you consider disallowing the field trip. I further understand that I am releasing the school and teacher from responsibility for any accident that might occur. I also give permission for medical treatment should it be required.

**My child is covered by insurance:
Please attach insurance information.**

YES

NO

Parent's Signature

Doctor's name and phone

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