

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, August 24, 2017**

**LEGACY HIGH SCHOOL BANDS**  
**ACKNOWLEDGEMENT FORM**

I have read the 2017-2018 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.

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Student Signature

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Printed Student Name

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Date Signed

I/We have read the 2017-2018 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.

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Parent/Guardian Signature

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Printed Parent/Guardian Name

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Date Signed

# **LEGACY HIGH SCHOOL WAIVER FORM**

I, \_\_\_\_\_, (print name, parent/guardian) release Legacy High School, J. Clayton Stansberry, Band Director, Brian Ebert, Assistant Band Director, Staff, Chaperones, and any other volunteer, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child/student, \_\_\_\_\_ (print student's name) might sustain while my child is participating in the band activity and any and all fieldtrips or other activities in which my student may participate with the band, whether or not such damage, loss or injury results from the acts or omissions of the district, its directors, officers, employees, volunteers or agents, except damages and/or injuries caused by actions against Colorado law. Also, by signing the "Regular Student Field Trip Permission form" you acknowledge and understanding that your student will be granted permission for all fieldtrips for the entire year, although they may not attend them all. I acknowledge that I have carefully read the band handbook, waiver and release form and fully understand that it is a release and waiver of any right that I may have on behalf of myself and/or my child/ward to bring legal action or assert claim for injury or loss of any kind against the district and employees/volunteers as stated above, except damages and/or injuries caused by actions against Colorado law, as stated above.

\_\_\_\_\_  
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. If this form is not filled out or signed, you agree to have this information published on the internet.

\_\_\_\_\_ (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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dr. Office Phone: \_\_\_\_\_

Work 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) and/or FOOD(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) Airline, Charter Bus
- 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** \_\_\_\_\_