STUDENT NAME: _____ **INSTRUMENT:** _____

LEGACY HIGH SCHOOL LIGHTNING BANDS

FORMS PACKET

This packet **MUST** be completed for all students involved in the Legacy High School Band Program, as it includes essential safety, medical, and consent information. Without this packet, students will not be allowed to travel with the band.

Please sign and return this packet to Dr. Ebert by: **Tuesday, August 12, 2025**

UPDATED AUGUST 3, 2025

PARENT/GUARDIAN RELEASE AND WAIVER OF LIABILITY FOR BAND ACTIVITIES AND FIELD TRIPS

I/we, _____, (print name, parent(s)/guardian(s)) release Adams 12 Five Star Schools, Legacy High School, Brian Ebert, Band Director, Trey Tafoya, 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 participating in the band activity and any and all field trips 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 understand that your student will be granted permission for all field trips 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

PHOTO & STUDENT INFORMATION RELEASE FORM

GRANT PERMISSION

I/we, _____, (print name, parent(s)/guardian(s) do hereby grant permission to Adams 12 Five Star Schools, Legacy High School, and its authorized personnel to publish and use the following information/media related to my child, _____ (print student's name):

*Select all that you **GRANT PERMISSION** to allow to be published for use.

- ❒ Picture
- ❒ First Name
- ❒ Last Name
- ❒ Birthday
- ❒ Other (please list): _____

This permission includes, but is not limited to, use in school publications, websites, social media, and other promotional materials. I understand that this information and media may be accessible to the public.

_____ _____

Parent/Guardian Signature **Date**

DO NOT GRANT PERMISSION

I/we, _____ (print name, parent(s)/guardian(s),

DO NOT grant permission to publish **ANY** information concerning my child _____(print student's name).

_____ _____

Parent/Guardian Signature **Date**

LEGACY HIGH SCHOOL BANDS

MEDICAL FORM

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 child has the following medical condition(s) which may require emergency care:_____

_____

_____

My child requires the following medication(s) for the condition(s) listed above:_____

_____

_____

_____

My child is allergic to the following medication(s)_____

_____

_____

_____

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**

CONSENT AUTHORIZATION

I/we, _____(parent/guardian name(s)), being the parent/legal guardian of _____(student name) 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 a 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):

_____

_____

_____

_____ _____

Parent/Guardian Signature **Date**

RELEASE OF LIABILITY

I agree not to hold the agents or volunteers liable for any accident, illness or injury to my child during participation in any authorized activity, including travel to and from, except damages and/or injuries caused by actions against the laws of the State of Colorado or the United States of America.

_____ _____

Parent/Guardian Signature **Date**

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/we, _____(parent/guardian name(s)), being the parent/legal guardian of _____(student name) hereby affirm that I/we are fully responsible for any medical expenses incurred for the treatment of my child in the event that medical attention is required and I do not have medical insurance coverage for them. I understand that by signing this statement, I am assuming financial responsibility for any medical services, procedures, or treatments provided to my child. I agree to promptly pay all associated costs and fees incurred as a result of such medical care.

_____ _____

Parent/Guardian Signature **Date**

FOOD ALLERGIES AND INTOLERANCES FORM

Do not complete this form if the student DOES NOT have a food allergy or special dietary need.

Meal Plan

- **The meal plan is $145 of the $185 Marching Bundle. It provides complete meals for students before football games, during Saturday practices and dinner during competition days. All meals are complete with an entree, sides, dessert and a drink. Meals are planned with the hope of appealing broadly and providing choices as appropriate. We understand not all students are able to eat the same foods, and we do our best to accommodate dietary restrictions.**

Special Diets

- **Student name: _____ Graduation Year: 20____**
- **Parent/Guardian name(s): _____**
- **Best way to contact parents (please circle all that apply): Text Email Phone Call**
- **Phone #: _____**
- **Email: _____**

- **Special diet needed-please check all that apply:**

__ Peanut allergy

__ Tree nut allergy

__ Shellfish allergy

__ Dairy allergy

__ Lactose intolerant

__ Gluten-free

__ Gluten Sensitivity

__ Celiac

__ Vegetarian

__ Vegan

__ Other, please specify _____

Band meals are prepared in family homes. While ingredients purchased are peanut, tree nut and shellfish-free, and efforts are made to prevent contamination, the potential for trace contamination exists.

Parent Signature _____ Date _____

**We are committed to accommodating all requests to the best of our ability. For any special dietary needs beyond the scope of what we can accommodate, our Food Coordinator team will reach out to you directly.*

TRIP INFORMATION

(1) School: Legacy High School (2) Date(s) of Activity: (See Band Calendar — ALL EVENTS APPLICABLE)

(3) Destination: (See Band Calendar — ALL EVENTS APPLICABLE)

(4) Period(s) Absent: (See Band Calendar — ALL EVENTS APPLICABLE) (5) Grade Level: 9–12

(6) Transportation will be provided by (options below are all applicable):

- ☐ District School Bus
- ☐ Private Car
- ☐ Walking
- ☐ Parent/Guardian Responsibility
- ☐ Commercial Carrier
- ☐ Other: Charter Bus, Airline

☐ Fee Required: _____

☐ Other Needs: _____

(7) Other Information: _____

(8) _____
Teacher/Sponsor Signature

PARENTS/GUARDIANS COMPLETE THE FOLLOWING SECTION

Student's First & Last Name: _____ Student's ID#: _____

IMPORTANT INFORMATION

- I understand that it is the student's responsibility to make up any work missed during the absences.
- 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.
- 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.
- 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.

RISK OF COVID-19 OR OTHER ILLNESS — The novel coronavirus ("COVID-19") is said to be extraordinarily easy to transmit between people, and gatherings of large numbers of people or people in close proximity to one another are believed to be the main cause of the spread of COVID-19. The District has developed guidelines regarding health and safety precautions in accordance with guidance and orders from federal, state and local public health agencies. I understand that students are expected to follow these District guidelines during the above identified activity. While compliance with District guidelines may reduce the risk of contracting COVID-19 or other illness, I understand that no amount of instruction, precaution, or supervision will totally eliminate all risk of illness or infection, including but not limited to COVID-19, and that student participation in the above identified activity includes possible exposure to a serious illness or even death.

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/Guardian Signature **Date**

Home/Cell Phone: _____ Work Phone: _____

- 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, sponsors, 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 cause loss of participation time or dismissal from the event. Should this be the case, the parent/guardian must pick up the student from the destination location immediately upon notification.

We acknowledge that we have read and understand the "Field Trip Code of Conduct" and we agree to abide by these expectations.

Student Name (*print*)

Student Signature **Date**

Parent/Guardian Signature **Date**