

# FINANCIAL AGREEMENT

## Central High School Band

The Central High School Band is a co-curricular activity. There is a minimum amount of money needed for this program to run and succeed. The financial commitment required from each member is called the Band Club Fee. Many fundraisers are organized by the band booster organization to raise monies that can be applied to a student's individual Band Club Fee Account.

Accessories such as reeds, socks, mouthpieces, Stockings (guard), etc. are not included in the Band Club Fee and must be paid for separately.

### NOTICES

1. Band Club Fee payments must be up to date by the time of the performance. It is possible that the student will not perform until the Band Club Fee is up to date.
2. Students WILL receive Debt Slips for unpaid Band Club Fee beginning the start of the second Semester. Failure to pay this OBLIGATION may result in the student's ability to attend school events, check out textbooks, pick up report cards, or participate in graduation.
3. **BAND CLUB FEE PAYMENTS AND TRIP PAYMENTS ARE NON-REFUNDABLE.**

### AGREEMENT STATEMENT

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ have read and agree with all of the above statements regarding Band Club Fee and obligation. I understand that being a member of the band requires participation in fundraisers for my child's Band Club Fee and/or I agree to pay the balance of funds that are not raised. I agree to adhere to the payment schedule and understand that failure to do so will result in consequences listed in "Notices", above.

\_\_\_\_\_  
(STUDENT NAME PRINTED)

\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT'S NAME PRINTED)

In order for the band to function, these payments need to be made promptly. If you have any questions or problems, please do not hesitate to contact the Band Directors.



**ASSUMPTION OF RISK AND RELEASE  
FOR ACTIVITIES ON PROPERTY OR IN CONJUNCTION  
WITH THE SHELBY COUNTY BOARD OF EDUCATION**

In consideration of being permitted to participate in the band camp and all activities conducted by

**CENTRAL HIGH SCHOOL BAND**

I, \_\_\_\_\_ do hereby agree to assume all the risks and responsibilities thereto.

Further, I hereby represent to the Shelby County Schools that I am capable of participation in this activity and understand that participants must consult a physician prior to any participation.

And, I hereby recognize the risks of illness and injury inherent in any activity based program and I am participating upon the expressed agreement and understand that I do for myself, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge Shelby County Schools, its representative officers, Ollie Liddell, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of actions – including attorney’s fees and court costs – on account of damage to personal property, personal injury or death which may result from any participation in the Central High School Band and/or associated activities.

By my signature below, I hereby confirm my understanding of this release statement holding Schools harmless and acknowledge that they do not carry health and accident insurance to cover participants of this program and that participants are encouraged to obtain full insurance coverage prior to participation in the Central High School Bands and/or associated activities.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THE CENTRAL HIGH SCHOOL BAND HANDBOOK. THE INFORMATION FURNISHED ON THIS FORM IS ACCURATE. I, THE UNDERSIGNED BEING THE PARENT, LEGAL NEXT OF KIN, OR LEGAL GUARDIAN, HEREBY AUTHORIZE ANY NECESSARY MEDICAL TREATMENT FOR THIS PERSON WHILE HE/SHE IS PARTICIPATING IN THE CENTRAL HIGH SCHOOL BAND AND ASSOCIATED ACTIVITES. I ALSO GUARANTEE PAYMENT OF ALL CHARGES INCURRED DURING THIS. (PHYSICIAN, HOSPITAL, X-RAY, LAB, MEDICATION AMBULANCE, ETC) I UNDERSTAND THAT IN CASE MY CHILD SHOULD NEED TESTING OR SERIOUS MEDICAL ATTENTION THAT I, THE PARENT WILL BE CALLED IMMEDIATELY FOR GUIDANCE ON THE SITUATION. I ALSO UNDERSTAND THAT THE RULES HAVE BEEN SET FORTH BY THE BOARD OF EDUCATION, CENTRAL HIGH SCHOOL, AND OLLIE LIDDELL, THE DIRECTOR OF BANDS FOR THE BENEFIT OF ALL PARTICIPANTS. I UNDERSTAND THAT I RELEASE SHELBY COUNTY SCHOOLS, CENTRAL HIGH SCHOOL, OLLIE LIDDELL, JAYLON TAYLOR, ALL BAND STAFF MEMBERS, AND CHAPERONES FROM ANY KIND AND ALL LEGAL MATTERS CONCERNING MEDICAL OR DISCIPLINE.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (PARTICIPANT IF 18 OR OLDER):**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

## PERMISSION TO USE PHOTOGRAPHS/VIDEO

The Central High School Band website may contain photographs and/or video of students. Because there will be pictures included on this site, it is necessary for me to obtain a signed waiver from a parent/guardian before a picture or video of any student can be placed on the website. If for some reason you do not want your child's picture on the website, please sign in the appropriate area.

I give permission to Dr. Ollie Liddell and/or the web master to place any picture that includes my son/daughter, \_\_\_\_\_, on the Central High School Band Website. Furthermore, I release Shelby County Schools, Central High School, Ollie Liddell, and all Band Staff Members from any kind and all legal matters concerning the use of my child's picture or image.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (PARTICIPANT IF 18 OR OLDER):

\_\_\_\_\_  
DATE

**I DO NOT** give permission to Dr. Ollie Liddell and/or the web master to place any picture that includes my son/daughter, \_\_\_\_\_, on the Central High School Band Website.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (PARTICIPANT IF 18 OR OLDER):

\_\_\_\_\_  
DATE

# Central High School Band Field Trip Form

I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by Ollie Liddell and/or Jaylon Taylor and will be under adequate adult supervision. I understand that I will be given at least forty-eight hours' notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice to Ollie Liddell more than one week prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in the trip, I/we agree to assume responsibility for those associated with the travel and activities. I/we agree to hold harmless Shelby County Schools, Central High School, Ollie Liddell, Jaylon Taylor, and representatives, including volunteer(s) and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional misconduct or gross negligence by the school, its employees, or volunteer(s).

In case of accident, illness, or other emergency, I/we request that Ollie Liddell or Jaylon Taylor contact me. If Ollie Liddell or Jaylon Taylor cannot reach a parent/guardian after conscientious effort, I/we give permission for Ollie Liddell to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for Ollie Liddell or Jaylon Taylor to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. In cases where medical care is needed but the situation is not an emergency, Ollie Liddell or Jaylon Taylor will make every effort to contact parents before treatment is given.

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
Date

## Medical Information

Are there any medical conditions of which we should be aware? Please Identify \_\_\_\_\_

In case of emergency, please identify:

Hospital and Location \_\_\_\_\_

Family doctor and telephone \_\_\_\_\_

Parents' emergency numbers \_\_\_\_\_

# Central High School Band Locker Rental Agreement

Student's Name: \_\_\_\_\_

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

The band locker listed below is on loan to the above-named student for this academic school year or until the student is no longer enrolled in band. **IT IS THE STUDENT'S RESPONSIBILITY TO BUY HIS/HER LOCK. THE STUDENT WILL NOT BE ABLE TO CHECK OUT A LOCKER UNTIL THEY HAVE A LOCK APPROVED BY THE BAND DIRECTOR.**

Combination Lock No. (If Applicable): \_\_\_\_\_ Locker #: \_\_\_\_\_

The Central High School Band lockers are to house instruments, their accessories and rehearsal equipment only! **COLOR GUARD MEMBERS ARE NOT TO USE OR CHECKOUT A BAND LOCKER.**

**Central High School and the Mighty Warrior Band Program are not responsible for items left in student lockers.** Students' lockers can be searched at any time if contents are deemed harmful or suspicious.

Only authorized locks may be placed on band lockers. If a locker is found in use without an appropriate combination lock/key lock, the lock may be cut, and student contents removed. Likewise, if a locker is found to be in use without a combination lock/key lock to secure the contents, they will be removed.

I understand that my student is not to place food of any kind into the band locker. I understand that my student is not to share their locker with any non-band member. I further understand that the locker is a privilege and not a right to the student. The ability to rent instrument lockers can be denied to any student at any time. If the student violates any of the above policies, then the lock can be cut off and the student contents removed.

I fully understand and agree to the terms of this rental agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Initials: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Initials on Return: \_\_\_\_\_ Return Date: \_\_\_\_\_