

2017-18 HANDBOOK SIGNATURE PAGE/MEDICAL RELEASE

My child is zoned to attend: **Reedy HS** **Frisco HS** **Other** _____

“I have read and understand all the handbook information and agree to participate fully in the band program for the 2017-18 school year. I understand that band is a full year commitment and as long as I am in band I will attend all required activities. I will strive to continue the program’s history of success and positive outlook. I also understand that I am fully responsible for not only my own classroom items (personal instrument, binder, etc.), but also those that are checked out to me (school instrument, music, etc.) either briefly or for the school year.”

Student Printed Name

Student Signature



Pioneer Heritage Band

“We have read and understand all the handbook information, know how to access the band calendar, and give our permission for our student to be involved in all the band activities for the 2017-18 school year. *I will give notice to the band directors within two weeks of signing this acknowledgement of any dates/events my child will be unable to attend.* We understand that band is a full year commitment and as long as our child is in band we will support our child’s decision to be a part of this great organization.

I understand that my child, as a **7/8** grader, must attend weekly sectionals as well as, in rare cases, additional rehearsals. I understand these are graded rehearsals and if there is a transportation issue, I need to contact the directors ASAP.

I understand that my child as a **6th** grader must attend after school rehearsals prior to performances and that these are graded rehearsals.

We understand that our child plays an important and vital role in the band and we will try our best to schedule doctor’s appointments, etc. around out-of-class and class-time rehearsals. We also understand that we are liable for any damage to or loss of any equipment and/or music.

Parent/Guardian Printed Name(s)

Parent/Guardian Signature(s)

Date of Signature _____



I give PHMS Band my permission and consent to photograph (by video photography or still photography and with or without sound track) the image, voice, and name of my child for use in media products (including Frisco cable channel 17, district and/or campus web page) and to use such images and recorded sounds in the spirit of educational enhancement, media competitions, and rewards for a job well-done.

Parent Signature: _____

Student Name: _____ (please print)