

Letter Of Mutual Consent

I, the undersigned student, accept membership in the Rensselaer Central Bands and understand that I am responsible for all the policies as set forth in the Band Handbook. I fully agree to carry out my responsibilities to the very best of my ability, including the care/maintenance of school-rented instruments in my possession.

(Student Signature)

(Date)

I, the undersigned parent or guardian, have read and understand the policies as set forth in the Band Handbook. Furthermore, I understand that I must meet all financial obligations. By signing below, I also agree to allow pictures of my child during band to be to promote the band and on the band website. Finally, the school covers normal maintenance costs of school-owned instruments, but I agree to replace/repair the instrument assigned to my child (only applicable to those who rent from school) should any non-normal wear-and-tear damage be done.

(Parent Signature)

(Date)

Do you own an instrument that you will be keeping at school to use? YES / NO

If yes, please list the following information:

Type of Instrument (s) _____

Manufacturer (if known) _____

Serial Number (if known) _____

BAND DEPARTMENT STUDENT MEDICAL/TRAVEL FORM

STUDENT INFORMATION

STUDENT'S NAME _____ DOB _____ SHIRT-SIZE _____ GRADE _____

ADDRESS _____ CITY/STATE/ZIP _____

PARENT OR GUARDIAN INFORMATION

MOTHER'S NAME _____ CELL PHONE () _____

FATHER'S NAME _____ CELL PHONE () _____

ADDRESS (if different than student) _____

EMAIL _____ HOME PHONE () _____

ADDITIONAL CONTACT INFO: _____

EMERGENCY CONTACT/MEDICAL INFORMATION

In the event you cannot be reached, please give the name of an individual whom we may contact.

NAME _____ PHONE () _____

HAS THE STUDENT

1. EXPERIENCED ANY CURRENT MEDICAL PROBLEMS?.....YES / NO
2. EXPERIENCED A RECENT INJURY REQUIRING MEDICAL ATTENTION?.....YES / NO
3. BEEN ON ANY MEDICATION RECENTLY?.....YES / NO
4. EXPERIENCED ANY MAJOR OPERATIONS?.....YES / NO
5. EXPERIENCED ANY CHRONIC ILLNESS (EPILEPSY, DIABETES, ETC)?.....YES / NO
6. EXPERIENCED ANY ALLERGIES OR REACTIONS TO MEDICATION?.....YES / NO

IF YES TO ANY OR THERE IS SOMETHING ELSE WE SHOULD KNOW, PLEASE EXPLAIN ON A SEPARATE PAPER

EMERGENCY TREATMENT: In the event of any illness or injury to my child, I give the attending physician permission to administer necessary treatment while continuing to contact the parent, guardian or designated individual.

TRAVEL: I hereby give permission for my child to ride the bus to, attend and participate in ALL Rensselaer Central School Corporation Band Activities for the 2020-2021 school year.

I understand that the Rensselaer Central Schools require students to ride the buses to and from all events and departure from this requirement will release the Rensselaer Central School Corporation from all liability and for any adverse results that may occur. I agree to release the Rensselaer Central School Corporation and its employees and officers from all liability with reference to the above stated transportation. A Travel Release form must be submitted prior.

This form **MUST** be on file prior to the first event of the year.

Students may **ONLY** be released to their Parent/Guardian.

Parent/Guardian Signature _____ Date _____