

BLACKMAN HS BAND PERMISSION AND RELEASE FORM 2021-2022

All band students will participate in Concert Band AND Football Band. Choose your pathway for Football Band.

_____ Blaze Football Band - **HALF-TIME BAND**

- *Perform the Half-time show at games & in stands
- * Attend band camp
- * Attend Thursday full band rehearsals

_____ Blaze Football Band - **STANDS BAND**

- *Perform in stands at games

- * Participate in the uniform fitting
- * Participate in school pep rallies

ALL FOOTBALL BAND MEMBERS

- * Participate in the summer sectionals if in town
- * Participate in parades (Homecoming & Christmas)

Financial Acknowledgement and Agreement

We hereby acknowledge that we have read and understand the financial responsibilities outlined in the Band Handbook and understand that all families are required to work at one or more fundraising event.

Band Member Initials

Parent/Guardian Initials

Membership Agreement and Internet Release

I, the undersigned student, accept membership in the Blackman High School Band and understand I am responsible for all policies set forth in the band handbook. I agree to carry out my responsibilities to the very best of my ability.

Band Member Initials

I, the undersigned parent/guardian, have read and understand the policies set forth in the band handbook. I grant full permission for my child to be an active member of the Blackman High School Band. In addition, my child has full permission to attend all band functions. I also grant the Blackman High School Band to use my child's image and name on all print and internet publications associated with the band.

Parent/Guardian Initials

Blaze Football Band and Travel Permission

My child may participate in the Blaze Football Band performances during the 2021 season. I agree to follow all guidelines set forth by the band directors. I agree to be responsible for transportation for my child to IN-county games and I give permission for my child to travel on the bus to OUT-OF-COUNTY games.

Parent/Guardian Initials

Uniform Acknowledgement and Agreement

We hereby acknowledge that we have read and understand the Blackman High School Band Marching Uniform and Concert Uniform information provided in the Band Handbook. We understand that proper care for and use of the assigned uniform is our responsibility and that any loss and/or damage for any reason during my use and retention of the uniform and/or accessories is our sole financial responsibility and liability.

It is further understood that all uniform articles are issued and recorded by identification number. The same numbered uniform articles that are issued must be returned in good condition or we must pay a cleaning and replacement fee.

Band Member Initials

Parent/Guardian Initials

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Consent for Medical Treatment

TO WHOM IT MAY CONCERN, I, the undersigned parent or guardian of:

print name of student

date of birth

hereby grant authorization to the band directors and/or band booster representative(s) of the Blackman High School Band standing *in loco parentis* to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above-named student.

I agree to indemnify and hold harmless the band directors, staff, or chaperone of the Blackman High School Band for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named student arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above-named member and will not hold the band directors or Blackman High School responsible in the event of a medical emergency.

I have also accurately and to the best of my knowledge completed, electronically or on paper, the Blackman High School Band Student Information Form.

signature of parent/guardian

date

print name of parent/guardian

State of Tennessee

County of _____

Personally appeared before me, _____, with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand, at office, this ____ day of _____, 20____.

Notary Public

Commission Expires

RETURN FORM TO:
BHS Band Boosters
2441-Q Old Fort Parkway, box 408
Murfreesboro, TN 37128