

2022 EGHS Commodore Band

Academic, Attendance, Behavior and Social Media Contract

I _____ (Student's Name), understand that I must remain in good academic standing (2.0 or above) throughout the entire school year.

I understand that In order to remain in band I must be present at all rehearsals and performances.

I understand that I must be positive, cooperative, and respectful at all practices, games, fundraisers and any other Eau Gallie Band functions.

I acknowledge that I am a role model and a representative of Eau Gallie High School both in and out of uniform, and will be held accountable for my actions.

I understand that posting or commenting inappropriately, or bullying on social media sites(i.e. Facebook, instagram, Twitter, Snapchat etc.) as well as emails and text messages, is not acceptable and could result in disciplinary action or dismissal from the band program.

I understand that participating in the Eau Gallie Commodore band is a privilege and that band students are held to a higher standard both on and off campus at all times.

I fully understand that if my grade point average drops below a 2.0 average or if a problem were to arise due to behavior, academics, social media, or attendance the director(s) and school administration have the ability to remove me from the band program at any point.

Please sign print/sign below acknowledging you are in agreement with these expectations.

Student Name	Student Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date
Band Director Name	Band Director Signature	Date
Band Director Name	Band Director Signature	Date
Administrator Name	Administrator Signature	Date

EGHS Commodore Band

Parent/Student Contact Information

Student Name: _____ Student Phone# _____

Student Email Address: _____

Student T-shirt Size: _____

Adult 1 Name : _____ Adult 2 Name: _____

Adult 1 Phone #: _____ Adult 2 Phone # : _____

Adult 1 Work #: _____ Adult 2 Work #: _____

Adult 1 Email: _____ Adult 2 Email: _____

Address: _____

City/State: _____

Zip Code: _____



School Board of Brevard County, Florida

OPT-OUT FORM

STUDENT PHOTOGRAPHS/VIDEOS, AND DIRECTORY INFORMATION

Student's Full Name (Please Print):	
School Name:	Date of Birth:

The Family Educational Rights and Privacy Act, a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. School Board Policy 8330 designates as student "directory information:" *a student's name; address; telephone number, if it is a listed number; date and place of birth; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation or program completion; and awards received.*

This form will be used to allow you the opportunity to restrict the release of "directory information," and to provide appropriate permissions. Please complete this form and return it to your child's school within **15 business days** after enrollment. **If signed form is not received by the school and/or options selected, it will be assumed that permissions for release of directory information and/or permission to publish photos and videos have been granted.**

Consent to Publish Video/Photograph Student (Please check one)	Release of Directory Information (Please check one)
<input type="checkbox"/> Unrestricted Usage: I give permission for my child's image to be used in print, video, and other public media. I agree that these images may be used by Brevard Public Schools for a variety of purposes in accordance with School Board rules, policies and procedures. I understand that these images may be used without further notifying me and I also understand that my child's first and last name may appear. (Y)	<input type="checkbox"/> You have my permission to release directory information on my student in accordance with SB Policy 8330.
<input type="checkbox"/> Limited Usage: Consent for Yearbook only. Selecting this option allows the district to provide your student's directory information and photograph to the yearbook vendor. (L)	<input type="checkbox"/> Do not release my student's directory information. I understand that my child's name will not appear in yearbook/school publications playbills, graduation lists, honor roll lists, will not be supplied to military recruiters or yearbook and ring vendors. (N)
<input type="checkbox"/> Deny permission to use my child's image in any publication. I understand that my child's picture will not appear in the yearbook, any other school or district publication, or other public media. (N)	<input type="checkbox"/> Do not release my student's directory information to military recruiters. (X)
	For School Use Only (This form will remain on file at the school until student withdraws.)
	<ul style="list-style-type: none"> • "N" is entered for Do Not Release Directory Information on the S313 screen. <i>Leave field blank for permission to release.</i> • "X" is entered for Do Not Release Directory Information to Military Recruiters on the S313 screen. <i>Leave field blank for permission to release.</i> • L309, Format N on AS400 will give schools a list of who has an "N" in the Do Not Publish Field. • If no option selected under Release of Directory Information, leave it blank on the S313 screen. • All students must have a code for Consent to Publish Video/Photograph • Codes (Y, L or N) for permissions to photograph are entered on the S318 screen. • If no option is selected under Consent to Publish Video/Photograph, enter a Y on the S318 screen of AS400. <p>A school roster may be run to verify that all students have a code for Consent to Publish Video/Photograph from L309, Format M.</p>

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____

THIS AUTHORIZATION IS IN EFFECT UNTIL STUDENT WITHDRAWS FROM SCHOOL OR NOTIFICATION IS SENT IN WRITING BY PARENT. A NEW FORM IS REQUIRED UPON ENTRY INTO A NEW SCHOOL.

Eau Gallie High School Band

Transportation Waiver

By signing this form I understand that my son/daughter will not always be provided transportation by Eau Gallie High School to band events. I agree not to hold Eau Gallie High School responsible for the following issues;

1. My son/daughter will be responsible for their own transportation to practices or events that are held at off campus facilities. They must provide transportation by their own means or find another way to get there.
2. My son/daughter is responsible for their own transportation to all band events where band members are asked to meet at the performing facility for a concert or assessment.
3. My son/daughter may ride with whom I have given permission.

Parent/Guardian Name: _____ Signature: _____

Student Name: _____ Signature: _____

STATEMENT OF INSURANCE ON PRIVATELY OWNED VEHICLES

Required by F.S. 1006.24(4)

School Year _____

School _____ Date _____

The School Board of Brevard County, Florida requires proof of insurance coverage in force on all private vehicles used for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups that may be transported include, but are not limited to, students, coaches, sponsors, faculty, and chaperones. This form is to be completed for each private vehicle used for the transportation of school sponsored groups. It is valid for the school year in which it is filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

DRIVER INFORMATION

Driver's Name _____ Age _____

Address _____ Phone (____) _____ - _____

Florida Driver's License: Type _____ Number _____

VEHICLE INFORMATION

Vehicle Make _____ Year _____ Model _____

License Tag _____ Expiration Month / Year _____ / _____

INSURANCE INFORMATION: THE SCHOOL BOARD OF BREVARD COUNTY RECOMMENDS THE VEHICLE OWNER CARRY A LIMIT OF \$300,000 COMBINED SINGLE LIMIT OR \$200,000/\$300,000 BODILY INJURY LIMIT.

Name of Insured(s) _____ Policy Number _____

Insurance Company _____

Policy period: From _____ To _____

The vehicle owner's policy provides the recommended limits of liability coverage. Yes No

Insurance Agent _____

Address _____ Telephone (____) _____ - _____

I certify that insurance policies, subject to their terms, conditions, and exclusions are at present in force with the company indicated and that the information above is correct.

Signature of Owner/Insured _____ Date _____

This information above has been verified.

Signature of Principal or Designee _____ Date _____

EGHS Commodore Band

Financial Agreement

WINDS/PERCUSSION MEMBERS

\$250

Includes:

- Gloves (3 pairs)
- Water cooler
- Uniform cleanings
- Transportation
- Instructors
- Clinicians
- Competitions
- Fair Share for improving inventory/music needed

GUARD STUDENTS

\$375

Includes:

- Costume
- Water cooler
- Transportation
- Fair Share for improving inventory/music need
- Instructors
- Clinicians

Expenses not included for members

- Marching Shoes (\$32.00) (If not owned)
 - Instrument Rental (\$60.00)

How do I pay for my students' fees?

- Checks (Payable to Eau Gallie Band)
- Cash (In envelope with student name and amount)
- CHARMS - Credit Card

When are the fees due?

- 50% must be paid by August 31st, 2022
- The rest must be paid by May 8th, 2023

***Band Fees must be up to date in order to buy any additional items.**

Fundraising

Every year the Florida legislature and State Department continue to cut funding for education in our state. This in turn forces our local school system to cut back on vital funding in all areas, but probably most in the area of arts. One of the most important functions of the Eau Gallie High School Band Boosters is to supplement this ever decreasing school funding with the purchase of needed instruments, supplies and services necessary to allow the band to grow and perform at a higher level. The only way to make this possible is through fund raising.

EGHS Commodore Band

Apparel Items

All band students are strongly encouraged to participate in these projects. Some fundraising projects will go directly to the students account to help pay for trips, apparel items, instrument rental, while others will go to the band account. ALL fundraisers will have incentives for the students. Parents, we need your help as well. Please join our Band Booster Organization.

I agree to the following:

- I agree to the payment of the requested amount above prior to the last day of school.
- I understand that payments made to the band are non-refundable in the case a student decided to not continue with the band.
- No excess credit will roll over to the next school year.
- I understand that should any and all band fees, my student will be placed on the schools obligation list and at risk of not receiving their diploma.

Parent Signature: _____ Parent Print: _____

Student Signature: _____ Student Print: _____

Date: _____

EGHS Commodore Band

Medical Information Form

Name _____ DOB _____ Grade _____ Sex _____
Last First MI
Address _____ Home Phone _____
Street City Zip
Father _____ Work Phone _____ Cell Phone _____
Mother _____ Work Phone _____ Cell Phone _____

Health Conditions/ Special Needs - Please Check

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Surgery
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizures	Other _____
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Kidney Disorders	_____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Psychiatric Conditions	_____
<input type="checkbox"/> Cardiac Conditions	<input type="checkbox"/> Sickle Cell Disease	
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Developmental Delay	

Will any medications or treatments be required at school? YES NO

Daily Medications

Home 1. _____ School 1. _____
2. _____ 2. _____

Diabetes Type 1 Type II

Equipment/Intervention Insulin Pen Insulin Pump Diet Management
 Home School Both

Emergency Medication Please List:

Epinephrine (EpiPen) Home School Both

Allergies:

Insect bites
 Foods
 Medicine If so, what medications: _____
 Other

Do you authorize emergency medical treatment Yes No

Do you authorize us to give your student:

Tylonal Ibuprofen Modrin

Student's Physicians Name _____ Phone # _____
Parent/Guardian Name Print _____ Phone # _____

Parent Guardian Signature _____ Date _____



Cardiology Report: Electrocardiogram (ECG)

In accordance with Board Policy 2431 Interscholastic Athletics, as part of the middle and high school athletic packets, The School Board of Brevard County, Florida is requiring each student athlete wishing to participate in middle school and/or high school athletics, to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in middle school. An athlete who had an ECG screening prior to participating in his/her first athletic sport in middle school would need a second ECG screening prior to participating in his/her first athletic sport in high school, unless a previous ECG screening was completed within the preceding 365 days. An athlete who did not participate in middle school athletics, and therefore had not had a previous ECG screening, would need to have an ECG screening prior to participating in his/her first athletic sport in high school.

Date: _____ Student's Name: (Print) _____

Name of School: _____

Sex: _____ Date of Birth: _____ Age: _____ Grade: _____ Student ID #: _____

- An ECG screening has previously been completed and is on file at _____ School. My child has been cleared for participation in middle school athletics or high school athletics.
- An ECG Screening was completed and evaluated by an outside vendor. Attached is the documentation clearing my child for participation in middle school athletics or high school athletics.
- The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:

Cardiac Clearance:

(To be completed by a Licensed Physician or Practitioner*)

Low Risk/Cleared for Participation: _____ Higher Risk/Not Cleared for Participation: _____ Date: _____

Name of Licensed Physician or Practitioner*:

(Print Name)

(Signature)

Name of Office: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

- I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Parent/Legal Guardian Phone #

*See Section 1006.20(2)(c), Florida Statutes.

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS EXTRA-CURRICULAR ATHLETICS

Eau Gallie High School School Name

7/1/22 Date

Student's Name (please print)

Band Name of Sport(s)

Activity / Event: See Band Calendar (List the extra-curricular sport(s), anticipated contest dates and off-campus practice locations or attach the schedule for both to this form)

Todd Oas School Athletic Director

(321) 242 6400 Phone Number

TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking X School Bus - Commercial Carrier (bus) - Privately Owned Vehicle
- Leased Vehicle X- County Vehicle - None - Other (Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Listed Volunteer - Registered Volunteer - Teacher or Staff Member - Other (Describe)

TYPE OF ACTIVITY (Check all that apply)

- Interscholastic game or competition - Interscholastic practice(s) - Other

Parents should direct questions concerning the athletic activity to the school Athletic Director or the following Coach:

Name Benjamin Hart, Brandon Gentile Telephone: (321) 242 6400 (321) 426 8132
Coach or Sponsor in Charge (School Number) (Mobile Phone)

ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS:

- 1. I understand that participation in athletics' is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus athletic activity.
3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability for the student's participation in the off-campus activity and will indemnify and hold the Florida High School Athletic Association and the School Board of Brevard County harmless for any injury or accident or property loss involving the student during the entire course of the extra-curricular athletic activity.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in athletics' off school property: therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.
7. I certify that my child is in good health and may participate, but in the event of medical emergency, I/We authorize the coach in charge of the off-campus athletic activity to seek emergency medical treatment for my child at my expense.
8. Some trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury, and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip - Granted Denied Granted with the following exceptions: (Describe)

Students Signature (Required for All) - Date

Parent/Guardian Signature (Required for all) - Date

STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

School Year _____

Name of Student (Please print) _____

Address _____

Home Phone (____) _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Parent's Work Phone (____) _____ - _____ Other Emergency Phone (____) _____ - _____

This agreement to travel and participate in activities or events sponsored by the Brevard County schools is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County and the school.

The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a voluntary extracurricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trips.

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.
2. I/We will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
3. I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost, stolen, or damaged.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the district. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.
7. Some extracurricular activities may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable and unforeseeable causes. I/We give permission for my child to participate in these activities when supervised by a sponsor(s) and I will indemnify and hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while my child is engaged in the water related activity (ies).

Student's Signature

Mother's or Guardian's Signature

Date

Father's or Guardian's Signature

(OFFICIAL SEAL)

State of Florida, County of _____, Sworn to and subscribed before me this _____ day of _____, 20 _____ by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public

Typed, Printed, or Stamped Name of Notary

My Commission Expires

Notary Public Commission Number