

SPHS BAND AND COLOR GUARD INFORMATION SHEET

Please print all information legibly

Student Information

Student Name _____ Circle One: Band or Color Guard
Student Cell Phone _____ Student Home Phone _____
Student E-Mail _____ Student Number: _____
Student Home Address _____ City/State _____
Concert Band Instrument: Primary _____ Secondary _____
Marching Band Instrument: _____ Grade Level _____

Guardian/Mother's Information

Name _____ Occupation _____
Cell Phone _____ Home Phone _____
E-Mail _____ Place of Employment _____
Would you be interested in volunteering in some capacity with the program? Yes ___ No ___
What is your volunteer status? (Please check one)
Level I (GetInvolvedInEducation.com) ___ Level II (Fingerprinting/SBBC) ___ None ___

Guardian/Father's Information

Name _____ Occupation _____
Cell Phone _____ Home Phone _____
E-Mail _____ Place of Employment _____
Would you be interested in volunteering in some capacity with the program? Yes ___ No ___
What is your volunteer status? (Please check one)
Level I (GetInvolvedInEducation.com) ___ Level II (Fingerprinting/SBBC) ___ None ___

FAIR SHARE BREAKDOWN

Funding from the Board of Education is not sufficient to run the Music Program to the best of the Director's or Students' abilities. To provide the students with the best opportunities, a Fair Share of \$350 for Marching Band and Color Guard members has been determined. This Fair Share does not include Solo and Ensemble fees. Fair Share is due by August 9th unless a payment plan is submitted. Any money not paid by March 9th will be submitted to the school as an obligation unless an alternative payment plan has been arranged. The Fair Share breakdown is as follows:

Clinicians	\$80.00
Drill Music & Props	\$80.00
Uniform Rental & Maintenance	\$40.00
Travel & Transportation	\$50.00
Repairs	\$40.00
Competition/Festival Registration	\$40.00
Band Camp (s) & Events	\$20.00
Show Shirt "Our Thank You"	-
Total:	\$350.00

Program needs may change as the season takes place. If needed, there is a possibility that funds can be redirected from one category to another to meet the needs of the program.

The following items can be purchased separately from the Booster Store

Dri fit shirt

*Black Under Armor / Body tights (limited)

*Dinkles / Jazz Shoes (limited)

*Gloves (musicians black / guard tan)

Cap

CLASS FAIRSHARE (not for Marching Band and Guard members)

All bands \$10 Polo shirt

All bands \$40 Clinicians

(this is in addition to an amount that will go through the SBBC Estore- 3 options \$50, \$70, \$100 all including instrument rental & other deals)

FAIR SHARE INTENT FORM

Student Name _____ Student ID # _____

The Fair Share amount for the 2021-2022 school year is \$350.00. Please review the itemized breakdown in the Membership Handbook.

I/We promise to pay SPHS Band and Color Guard the full Fair Share Amount of **\$350.**

Please select a payment option below:

___ Payment Option #1: Full Payment of Fair Share on initial due date (August 13th)

___ Payment Option #2: \$50.00 Fair Share payments due: August 13th, September 13th, October 13th, November 12th, January 13th, February 14th and March 14th.

___ Payment Option #3: Partial Payment (\$50) of Fair Share Costs on initial due date (August 13th) and fundraising of remaining balance by the partial deadline with the final deadline of March 14th. Please understand that if the fundraising payment option is selected, any money due after the listed dates will be submitted as an obligation.

Please sign this form in the presence of a notary.

Parent Signature _____ Printed Parent Name _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Address _____ City _____

_____ Zip _____ Email Address _____

_____ Notary's Official Signature _____

Commission Expiration Date

Fundraising Goal

The following are the fundraisers, goals, descriptions of each fundraiser and what the money raised for each will be used for the band program for the 2021-2022 school year at South Plantation High School.

<u>FUNDRAISER</u>	<u>GOAL (Items to sell)</u>
• Domino's Pizza Card Slice the Price	12 Cards
• Encore Cheesecake Fundraiser	10 Items
• Yankee Candle Fundraiser	10 Items
• Prism Ticket Sale	5 Tickets
• Spring Concert Ticket Sale	5 Tickets
• Gift Wrap Booth	2 Shifts (Parents and Students)
• Rehearseathons	\$100 Raised
• Krispy Kreme Doughnuts	5 Dozen Sold
• Car Washes	\$10 Per Student
• Save Around Coupon Books	2 Sold
• Donation Letters	\$20 Raised
• Family Dinner Nights	2 Meals
• Holiday Grams	5 Grams
• Cookie Dough	10 Items
• Java Joe	5 Items

Each of these fundraisers and possibly more will help pay for our budgetary items as described in the Fair Share breakdown. With each goal met and exceeded, the more opportunities we can give to the students in the program. Each fundraiser is paired up with a goal to offset the cost of operation and allow for further benefits. Fundraisers are subject to change.

PARENTAL PARTICIPATION

Every student, whether they like to admit it or not, appreciates the support of their parents in the activities they choose to take part in. For many students, involvement in the South Plantation Band and Color Guard is their passion. Our program offers you the opportunity to become a part of such a huge chapter of your child’s life, and in turn gives you the opportunity to meet their friends and their friend’s parents. A community-oriented program is our vision and will help us in achieving our many goals. However, it cannot happen without you!

We currently have a very active parent booster organization called the SPHS Band Parents, Inc. Whether you choose to get involved in that organization or not (and we hope that you do) if your child is a member of this program, you are being asked to take a vested interest in their work and to share this experience.

Below is a description of each of the areas of need throughout the year. While we ask that every parent offer their services (water distribution, uniform distribution, field crew, truck crew, etc.) for at least one event, **we also ask that you choose two additional areas where you might be able to help out:**

- Football Games
- Uniform Fitting, Distribution, and Alterations
- Field Crew (Set up and transport of percussion equipment)
- Fundraising Committee
- Gift Wrap Booth
- Ticket Sales/Concessions
- Parade Crew
- Chaperones (Field Trips) *Please give availability (daytime, evening, both): _____
- Water Crew (Football Games)
- BB&T Center Concessions

The above mentioned areas of need are only a starting point for where you might be able to get involved and that the amount of time “required” is simply what you have to give. Whether you have only a little or a lot of time, there is a place for you. If you know of other ways, you are certainly welcome to share them and to discuss how you might be able to be a part of our program.

As a parent/guardian of a member of our band and guard, you will automatically be added to our email database and will receive important notifications and updates throughout the school year. If you wish to unsubscribe, please email request to sphsbandparents@gmail.com

I (print parent name) _____ have read the above information and understand that I am being asked to participate with my child in this program. I have indicated above my areas of interest.

Best Contact Phone Number _____ Best Contact Email Address _____

Parent Signature _____ Date _____

**PERMISSION AND INSURANCE STATEMENT
SOUTH PLANTATION HIGH SCHOOL BAND AND COLOR GUARD**

Print Student Name _____ Birth Date _____
is hereby granted permission by _____

(PRINT Parent/Guardian Name)

to participate in Band/Guard and all school-approved Band and Guard activities during the 2021-2022 school year. I authorize my child to accompany the Band and Guard on local or out-of-town trips using school-approved transportation. I further authorize the school Band Director or the Sponsor/Instructor(s) to obtain, through a physician of his or her choice, any emergency medical care that may become reasonably necessary for my child as a result of practice or performance participation. This includes any activity occurring on field trips and/or on-campus activities.

Furthermore, I/we authorize the school Band/Guard Directors or Sponsor/Instructor(s) to administer any of the following "over the counter" medications to my child during field trips and/or non-campus activities. (If you do not fill out any of the below, none will be allowed to be administered to your child).

___ Tylenol ___ Motrin/Advil/Ibuprofen ___ Bonine ___ Imodium ___ Aleve
___ Benadryl ___ Advil Sinus & Cold ___ Pepcid ___ Mylanta ___ Tums
___ Sudafed ___ Saline Solution (eye wash) ___ Neosporin ___ Alcohol wound wash solution

*Does your child have any allergies to generic meds? Circle: Yes No If yes, please list: _____

We have medical insurance with: _____ Policy #: _____
(name of insurance company) (or photocopy card and attach)

Address: _____ City/State _____ Zip _____

___ I/we do not have medical insurance, however, I/we will pay any and all medical bills for emergency care of my child.

Our family physician is: _____ Phone: _____

Address: _____ City: _____ Zip: _____

If you do not have a family physician, check here: _____

If neither of the above is checked, this form is invalid. One or the other **must** be checked.

In regard to the above named student, I submit the following information:

1. Allergies to foods, medications, etc. ***If none, please write **NONE**. _____
2. Special medical problems. ***If none, please write **NONE**. _____
3. Is student on any continuing medication (such as inhalers, etc.)? If so, please state and describe dosage required. _____
4. Date of last known tetanus shot _____ Physical Exam _____

I/we are also aware of day to day risks that are involved in extra and co-curricular participation and will not hold The School Board of Broward County, South Plantation High School, or individual directors and/or sponsors responsible for any injuries that may be sustained from participation.

Sign in the presence of a NOTARY:

Parent/Guardian Signature: _____ Phone (Home) _____

Phone (Work) _____ Phone (Cell) _____

Address: _____

City _____ Zip _____

Emergency Contact: _____ Phone _____

Do not fill in below this line. To be filled in by Notarizing Agent.

NOTARIZATION:

State of Florida, County of _____ Swore to and subscribed before me this _____ day of _____, 20 _____. Notary Signature: _____ Seal: _____

SOUTH PLANTATION HIGH SCHOOL
THE SCHOOL BOARD OF BROWARD COUNTY

Annual Field Trip Authorization Form
2021-2022 School Year

High School/Magnet Programs

Student's Name _____ Telephone _____

Type of Transportation:

School Bus _____ Charter Bus _____ Private Vehicle _____ Walk _____

Ride with another student _____ Ride with staff _____

1. I authorize my student to:

Drive own car _____ Drive family car _____
Ride with another student _____ Ride with staff _____

2. Maximum capacity is one (1) person per seat belt.

No motorcycles/scooters/mopeds permitted as transportation.

EMERGENCY CONTACT

In case of emergency, I may be reached at:

_____ Telephone _____

In the event I cannot be reached, please contact:

Name of Establishment/Person _____ Telephone _____

HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company _____

Policy Number (s) _____ / or I've attached a photo copy of my family insurance identification card.

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care of my child.

I authorize my student to participate in all of the school sponsored field trips for the Band & Color Guard this school year.

Signature of Parent/Guardian