

# HANDBOOK SIGNATURE FORM

**Students and Parents/Guardians - Please read and sign below as indicated**

## Students:

I, \_\_\_\_\_ (print name), have read the Mission CISD JH Band Handbook and understand the requirements for being a band member. I realize it takes full cooperation and dedication (100% from me) to help our band meet its full potential. I also realize that my failure to follow policies and directions could result in disciplinary action, which could lead to placement in another band or dismissal from the band program. I have received a copy of my Mission CISD JH Band's calendar for the current school year. As a member of a Mission CISD JH Band, I acknowledge the following as responsibilities I must fulfill if I wish to remain a member. I will:

- Follow all Mission CISD Rules and Value Codes
- Understand that band is a full year commitment
- Be punctual and prepared for weekly sectionals, rehearsals, and hearing times
- Practice with a purpose and turn in weekly practice sheets
- Demonstrate my best on playing assignments and written theory tests
- Attend all concerts, clinics, rehearsals, contests, and performances
- Treat my peers and teachers with respect, and maintain appropriate conduct
- Maintain my grades for eligibility and self-achievement
- Have a high standard for improvement in class and on my own

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Signature of Student

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Date

## Parents:

I, \_\_\_\_\_ (print name), have read the Mission CISD JH Bands Handbook and am willing to support it and my child. I also understand all policies and procedures set forth by the Mission CISD JH Band Programs, as outlined in this handbook.

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Signature of Parent/Guardian

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Phone Number

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Date

# PARENT WAIVER AND RELEASE FORM

I, the undersigned parent or guardian, hereby give permission for my child or ward to participate in band trips occurring within the 2016-2017 School Year and involving travel by the Mission CISD JH Bands. Additional Permission Slips will be given to students throughout the year; these Permission Slips will need to be signed by Parents/Guardians and returned as soon as possible.

I am aware that, should some situation make it necessary for the administration of the MCISD to cancel student travel, or if my child becomes ineligible to participate in the trip, the school district assumes no financial responsibility for any monies lost due to this action.

In regards to the above trip/activity, I release and discharge the Mission Consolidated Independent School District, its employees, officers, agents and assigns from all claims which I may have or which my heirs, administrators, or assigns may have or claim to have against Mission CISD, its employees, officers, agents and assigns for all personal or property injuries caused by or arising out of the above-described trip/activity.

For the same consideration, I recognize that student participation in this trip is voluntary, and I hereby expressly assume all risk of personal injury to participant and loss or damage to property of participant or any other loss of every nature.

I acknowledge that my child or ward understands that the activity involves possible inherent risks of physical harm because of the nature of the activity itself and/or the physical environment of the location(s) wherein the activity is conducted and that it is the participant's responsibility to use special care and caution, including but not limited to, appropriate protective apparel and/or equipment, to avoid risk of injury.

Finally, I authorize the sponsor(s) to consent to medical treatment of my child or ward in the event of medical emergency on the above-described trip.

I have read this Waiver and Release of Claims and Consent for Medical Treatment and understand all of its terms and conditions. I execute this Waiver and Release of Claims and Consent for Medical Treatment voluntarily and with full knowledge of its significance.

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Name of Student (Child or Ward – please print)

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Name of Parent/Guardian (please print)

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Signature of Parent/Guardian

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Phone Number

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Date

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Address

# STUDENT MEDICAL INFORMATION FORM

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Emergency Contact Name (please print)

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Alternate Emergency Contact Name (please print)

\_\_\_\_\_  
Alternate Emergency Contact Phone

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Physician's Phone

Important Medical Information (drug or food allergies, special medical conditions, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Insurance Information (optional)

\_\_\_\_\_  
Insured's Name (please print)

\_\_\_\_\_  
Insurance Plan (Company) Name

\_\_\_\_\_  
Insurance Phone

\_\_\_\_\_  
Insurance Group Name

\_\_\_\_\_  
Insurance Group Number

\_\_\_\_\_  
Member Name (please print)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Plan Number

Additional Information:

\_\_\_\_\_

# STUDENT DATABASE INFORMATION FORM

\_\_\_\_\_  
First Name Last Name Student ID Grade

\_\_\_\_\_  
Student Cell Phone Student Email

Band (circle one):      Beginner      Sub Non-Varsity      Non-Varsity      Varsity

\_\_\_\_\_  
Primary Instrument Secondary Instrument

\_\_\_\_\_  
Primary Mailing Address

\_\_\_\_\_  
City Zip Home Phone

Lives with (Circle or List):      Mom      Dad      Both      Other: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name Mother's Email

\_\_\_\_\_  
Mother's Home Phone (if different than student's) Mother's Cell Phone

\_\_\_\_\_  
Mother's Work Name Mother's Work Phone

\_\_\_\_\_  
Father's Full Name Father's Email

\_\_\_\_\_  
Father's Home Phone (if different than student's) Father's Cell Phone

\_\_\_\_\_  
Father's Work Name Father's Work Phone