

STUDENT AGREEMENT

I have read and agree to follow the rules and regulations set forth in this Participation Contract, this Code of Conduct, the Hough Husky Marching Band Handbook, and the Charlotte Mecklenburg Schools Student Rights, Responsibilities and Character Development handbook. I have also read the calendar, and I am aware of the dates to which I am committing. I realize the importance that my attendance plays in the success of the marching band, and I agree to abide by the guidelines stated in this policy. I understand that failure to follow the Code of Conduct and the rules in the handbooks will subject me to penalties and consequences. I further understand that if I am unable to comply with these rules and the associated penalties, I will be dismissed from the Hough Husky Marching Band with no refund of fees paid.

I agree that I have read and understand what is expected of me with regard to the maintenance and wearing of my band uniform. I realize that I will be expected to replace, at my own expense, any part of the uniform that is lost or damaged while it is issued to me. I also agree to pay for any unscheduled cleanings that may be required for my uniform, due to misuse or excessive soil.

If I am a member of the student leadership team I agree that I will be an example to those under my direction and will perform the responsibilities of a leader as is described in Marching Band Handbook. Please fill out the rest in neat handwriting:

Student Signature: _____ Date: _____

Student's Printed Name: _____

Marching Instrument: _____

Shirt Size (Circle) Small Medium Large XL XXL

Student Email Address: _____

Schedule Conflicts and Dates: _____

PARENT/GUARDIAN AGREEMENT

I/We, the parent(s)/guardian(s) of _____, have read the Hough Husky Marching Band Participation Contract, the Code of Conduct, the Hough Husky Marching Band Handbook, and the Charlotte Mecklenburg Schools Student Rights, Responsibilities and Character Development handbook. I/We have also read the calendar, and am/are aware of the dates to which my/our student is committing. I/We agree to help our student to fulfill his/her obligation. I understand that there will be consequences for not following the Code of Conduct and the rules as listed in the handbooks and the consequences can lead to the student's dismissal from the band with no refund of fees paid. This form needs to be signed by any parent or guardian of the student who will be caring for the student during the marching band season.

Signature: _____ Date: _____

Signature: _____ Date: _____

Charlotte-Mecklenburg Schools STANDARD PHOTOGRAPHIC RELEASE

I, _____ do hereby grant the Charlotte-Mecklenburg School System the unlimited right to use and /or reproduce, likeness or the voice of my child in any legal manner for the internal or external promotional/informational activities of the Charlotte-Mecklenburg School System.

I also agree to allow my child to be interviewed and/or photographed by Representatives of the external news media relation to any and all coverage of the Charlotte-Mecklenburg School System in which they are involved.

I further understand that by signing the release, I waive any present and/or future Rights to the use of the above stated material(s).

Parent/Guardian's
Signature: _____

Date: _____

Signature of Witness: _____

Date: _____

Street Address of
Parent/Guardian _____

City, State, Zip Code _____

Student's Name _____

Type of Material:	Photograph	Slide	Videotape	Other (Specify)
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Use of Material (name of brochure, TV show, slide show, etc)

YOUR
NAME

Date:

**CHARLOTTE-MECKLENBURG SCHOOLS
CLASS TRIP STUDENT PERMISSION FORM**

Date: May 1, 2018

Dear Parents:

Class trips have been approved to all regularly scheduled Hough High Marching Band functions for the 2018-2019 School Year

Purpose: To represent Hough High School at selected marching band activities such as clinics, festivals, competitions, football games, and requested performances.

The signature of a parent/guardian is required in order to allow your child to participate in these off-campus trips. Please sign the bottom portion of this form and return the entire form to the teacher.

Sincerely,

Robert W. Carrington
Director of Bands
William A. Hough High School

Mode of travel: School/Activity Bus Car(s) Other : Charter Bus

Cost of trip (if any): \$TBD

Time of departure from school: TBA Time of return to school: TBA

I have read the field trip description.

I give permission

I do not give permission

for

to go on this trip sponsored by the

Student's full name

Charlotte-Mecklenburg schools. Cash or check enclosed, if applicable.

Date

Parent/Guardian

THE CHARLOTTE-MECKLENBURG BOARD OF EDUCATION ("CMS")

NOTICE, PERMISSION FORM, AND RELEASE
[NON-REQUIRED CMS-SPONSORED OVERNIGHT TRIPS (INCLUDING FOREIGN TRAVEL)]

To: Parents/Guardians of students interested in participating in non-required CMS-sponsored overnight trips (including foreign travel)

CMS has approved a non-required overnight trip to Camp Lutheridge in Arden, North Carolina on August 5-11, 2018.

The purpose of the trip is to learn our 2018 Performance and Team Building

Mode of Travel: Parents are responsible for their child's transportation

Cost of trip (if any): Band Fee

Time of departure on Sunday, August 5

CMS reserves the right to cancel this trip. CMS is not responsible for any cancellation fees that may be charged by travel-agents or other services providers and will not reimburse trip participants for any monies paid to such service providers, even if CMS cancels the scheduled trip. See the attached Notice of CMS Right to Cancel Trips.

I have read and understand the trip description.

I have read and understand the attached Notice of CMS' Right to Cancel Trips. I understand and agree that CMS reserves the right to cancel field trips and that CMS is not responsible for any cancellation fees that may be charged by travel-agents or other service providers, even if CMS cancels this trip. I understand that if CMS cancels this trip I may lose some or all of the money paid by, or on behalf of, my child for this trip. **I agree not to seek any financial reimbursement from CMS and I agree to indemnify and hold harmless CMS, its board members, officers, agents and employees from and against any and all claims arising out of CMS' cancellation of this trip.**

I also agree to indemnify and hold harmless CMS, its board members, officers, agents, and employees from and against all claims, losses, costs, damages, expenses, attorneys' fees and liability that any of them may sustain (a) arising out of my child's failure to comply with the Charlotte-Mecklenburg Schools Code of Conduct, (b) arising out of any damage or injury caused by my child, or (c) arising out of my child's participation in this non-required field trip.

I give permission for _____ [child's full name] to go on this non-required trip sponsored by CMS.

Parent/Guardian

Date

**WILLIAM A. HOUGH HIGH SCHOOL
STUDENT BEHAVIOR CONTRACT
BAND CAMP TRIP**

I, _____ agree to comply with the rules of the Charlotte-Mecklenburg Schools Code of Conduct and the specific rules listed below during the trip to:

Band Camp Trip on August 5-11, 2018

- ◆ Observe all school rules and rules found in general areas on the trip. All rules not followed will be strictly enforced.
- ◆ Be respectful of the people and the environment.
- ◆ Electronic devices may be brought on the bus but should not be abused. If others can hear what you are listening to then it is too loud. Please demonstrate courtesy to your neighbors.
- ◆ No unauthorized cabin switching will be permitted. If there is a problem see Mr. Carrington.
- ◆ No running in buildings or hallways of the Facilities.
- ◆ No LOUD or ABUSIVE/OFFENSIVE language will be tolerated.
- ◆ Remember we are GUESTS so be on your BEST behavior and be flexible.
- ◆ Band Staff, Camp Lutheridge and the school are not responsible for any items that have been misplaced or damaged; therefore, the student must be responsible for any and all items.
- ◆ Broken curfews and late appointments will strictly be enforced. These times are set in place for the safety of all students. Always be on time or early. If a student is found breaking curfew, they may be sent home immediately and a parent will need to pick them up.
- ◆ All trash needs to be disposed of immediately.
- ◆ Students may NOT go in cabins of the opposite gender for ANY reason.
- ◆ Be respectful to the bus driver, chaperones, camp personnel and professional staff. They have enough to do and shouldn't have to worry about discipline.
- ◆ Students will participate in and be on time for all scheduled activities.
- ◆ Be nice to each other and work together as a team.
- ◆ Use of alcohol, tobacco, or other drugs is STRICTLY prohibited. Possession or use of these products will result in the student being sent home immediately.

I realize that I will be held accountable for my conduct AT ALL TIMES. I have read the rules for the Band Camp Trip to Camp Lutheridge on August 5-11, 2018 and I understand that any violation of the starred rules or violation of any of the CMS Code of Conduct will result in the immediate return of the student or students to Charlotte at the parent's expense.

Date _____ Parent/Guardian Signature _____

Date _____ Student Signature _____

I agree with this statement and will pay any expenses incurred as a result of my son/daughter needing to be sent home early from the Band Camp Trip to Camp Lutheridge on August 5-11, 2018.

Date _____ Parent/Guardian Signature _____

Emergency Contact and Medical Information Form

We relieve the school system, William A. Hough High School, Hough Band Boosters, , The directors, professional staff and chaperones of liability concerning our child while he or she is participating with the Hough Marching Band during the Band Camp Trip to Camp Lutheridge on August 7-11, 2018. Should a medical emergency arise concerning our child, we grant permission for medical personnel to administer treatment. We understand that an adult will attempt to contact us immediately about any such emergency.

Student's Full Name _____

Date of Birth _____ Gender _____ Grade _____

Parent(s) Name(s) _____

Mother Contact Numbers 1. _____ 2. _____

Father Contact Numbers 1. _____ 2. _____

Emergency Contact _____ Relationship _____

Phone Number of Emergency Contact _____

Any medical problems or conditions that your child has, such as chronic illness, dietary restrictions, etc.:

Allergies:

Health problems:

Medical Insurance _____

Primary Insured's Name _____

Policy/Group Number _____

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

May your child be given Tylenol or Ibuprofen? YES NO Preference _____

What medications is your child currently taking? _____

Please give your child's medication, clearly labeled to an adult chaperone for any trip taken. Students will not be allowed to carry any medication with them. Any exception to this policy must be cleared through the director.

Please submit a copy of both the front and back of your family's current insurance card

Student Signature _____ Date _____

Parent Signature _____ Date _____