

OHS BAND STUDENT REGISTRATION INFORMATION & PAYMENT FORM

2017-2018 School Year

This information is used for Band Booster accounting, record keeping and family contact information, it will be held in the strictest confidence. It is very important that you fill in ALL information as accurately as possible. Please be sure to use your legal names and not nicknames when filling in your information. Name should match school registration. **Please Print.**

Student Information:					
Last Name		First Name		Middle Initial	Nickname
Home Street Address			City	Zip	
Primary Telephone Number (with area code)		Graduation Year (Circle one)		Adult T-shirt Size (Circle one)	
		2018 2019 2020 2021		S M L XL XXL	
Fall Marching Season Instrument/Group (Select One)			Spring Concert Season Instrument/Group (Select One)		
<input type="checkbox"/> Color Guard <input type="checkbox"/> Saxophone <input type="checkbox"/> Tuba <input type="checkbox"/> Piccolo <input type="checkbox"/> Trumpet <input type="checkbox"/> Percussion <input type="checkbox"/> Flute <input type="checkbox"/> Horn <input type="checkbox"/> Baritone <input type="checkbox"/> Clarinet/Bass <input type="checkbox"/> Trombone <input type="checkbox"/> Drum Major <input type="checkbox"/> Concert Only			<input type="checkbox"/> Winter Guard <input type="checkbox"/> Saxophone <input type="checkbox"/> Baritone <input type="checkbox"/> Flute/Piccolo <input type="checkbox"/> Trumpet <input type="checkbox"/> Tuba <input type="checkbox"/> Oboe <input type="checkbox"/> French Horn <input type="checkbox"/> Percussion <input type="checkbox"/> Clarinet/ Bass <input type="checkbox"/> Trombone <input type="checkbox"/> Other <input type="checkbox"/> Bassoon		
Fall Marching Season Instrument (Check if renting from school)			Spring Marching Season Instrument (Check if renting from school)		
<input type="checkbox"/> Instrumental Rental			<input type="checkbox"/> Instrumental Rental		
Father/Legal Guardian Information:					
Last Name			First Name		
Home Telephone Number (if different from above)			Work or Cellular Telephone Number (for emergencies)		
Mother/Legal Guardian Information:					
Last Name			First Name		
Home Telephone Number (if different from above)			Work or Cellular Telephone Number (for emergencies)		
Primary Family Email Contact Information:					
This email address will be used to send all announcements and other communication (Parents email preferred)					
Please tell us if you have a sibling in Band or one that graduated in 2017 from Band?					

I have received the 2017-2018 Schedule of Student Fees and acknowledge my financial obligations to the OHSBBA. The undersigned understands that additional fees such as instrument rental, instrument maintenance, uniform accessories (gloves, socks, additional show shirts), food and other miscellaneous expenses will be charged to the student's account (if applicable). Unpaid balances are submitted to OHS Administration on a regular basis.

Student Signature: _____ Parent Signature: _____
 Print Name: _____ Print Name: _____

OHS BAND STUDENT REGISTRATION INFORMATION & PAYMENT FORM
2017-2018 School Year
TO BE COMPLETED BY REGISTRAR ONLY

Student Name				Registrar Initials:	
	<u>Band</u>		<u>Color Guard</u>		
Returning	\$410		All Year	\$1,450	
Freshman/New	\$460				
Percussion	\$175		Uniform Add	\$	
Instrument Rental	\$50 ea. Semester				
Uniform Add	\$				
Other	\$		Other	\$	

Sub-Total	\$	
+/-Student Account Balance	\$	
Total for 2017 Fall	\$	

Amount Paid: \$	Check#	Cash

Credit Card Authorization#	Student Account#

Monthly CC
Billing Plan

2017-2018 OPTIONAL / ADDITIONAL UNIFORM PURCHASES

Student Name: _____

Student Section: _____

As part of your Band Fees, ***all students*** in the 2017-2018 Marching Season Performance Ensemble will be provided with one commemorative “Band T-Shirt” which they will be required to wear at the Directors discretion.

The Band T-Shirt is for Marching Students and Colorguard only. This helps the Chaperones easily identify students while traveling. Other OHS Band apparel for friends and family may be found in the Spirit Shop section of the web site.

An additional Band T-Shirt is helpful during the season as we have several back-to-back weekend events when washing the shirt is difficult due to time constraints.

- New Band Students to our program will receive their first pair of Marching Shoes, Gloves and Concert Shirt as part of their New Student Fees.
- All New Guard Students will receive their initial Duffle Bag, Warm-up’s and Dance Shoes as part of their Fees.

If you would like to order additional Student Uniform Items, simply fill in this order form and enclose it with your registration payment or in an envelope and drop it in the Booster Box in the Band Room.

Item	Size	Qty	Price per Item	Total Per Line
Additional Band T-Shirt(s)	S M L XL XXL		\$10.00	\$ _____
New Marching Shoes			\$35.00	\$ _____
New Concert Shirt			\$20.00	\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____

Check Number _____

Paid with Registration _____

Student Acct Yes or No

Only if positive balance (Circle one)

Total Order: \$ _____

*Please have this order form delivered with payment to the Booster Box **no later than Friday August 4th** (at the completion of our Premier Performance and Band Camp). Any orders received after this cut-off date will be handled on a case-by-case and as available basis depending on our vendor’s supply timelines.

SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

SCHOOL BAND MEDICAL AND TRAVEL RELEASE AND CONSENT

STUDENT NAME: _____
Last First MI Birth date

I/We hereby give my son/daughter permission to travel with the Oviedo High School Band/Visual Ensemble/Winterguard on all trips and functions during the year. I/We hereby authorize emergency medical treatment for this person for the period starting July 1, 2017 and continuing through June 30, 2018. I/We acknowledge that the Seminole County Public Schools, Florida is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our son/daughter as a result of injury or sickness. I/We understand that if my/our son/daughter is injured or becomes sick, Seminole County Public Schools, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida. I/We will assume financial responsibility for the incurred expenses through the insurance company listed below.

Allergies/Medical Information/Medication: _____

MEDICAL/ PHYSICIAN INFORMATION

Medical Insurance Co.: _____ Policy / Group #: _____

Insurance Co. Address: _____

Insurance Co. Telephone Number: _____

Student's Physician: _____ Physician Phone Number: _____

Parent/Guardian Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Home Telephone Number: _____

Father/Guardian Emergency (work/cell) Telephone Number: _____

Mother/Guardian Emergency (work/cell) Telephone Number: _____

This document will be taken on all band/visual ensemble/Winterguard trips and functions. It is the responsibility of the parent/guardian to see that this form is properly executed and returned to the Band Director.

Forms notarized prior to July 1, 2017 will not be valid due to Seminole County School Board regulations.

Parent Signature _____

Subscribed and Sworn to Before Me this _____ day of _____, 2017.

Notary Public State of Florida at Large

Notary Signature

Oviedo High School Image Consent Form
2017-2018 School Year

Student Name (printed): _____
Last Name First Name Middle Initial

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

This image consent form includes waiver and release for photographs, motion picture, video and web posting. Oviedo High School must have written permission on file before your child's picture and name can be posted on the school's band website. Please feel free to contact the school with any questions about this form.

Please check "Yes" or "No" for each of the following items and sign at the bottom of this document.

My child _____ has my permission to:

1. Yes _____ No _____ Be photographed or videotaped for school related activities. In granting such permission I, (We) relinquish and give permission to Oviedo High School all rights to the images or negatives and waive any right to compensation for the publication or other use of these materials.
2. Yes _____ No _____ Have student work published on the Oviedo High School band website and or social media outlets. These may include but not limited to Facebook, twitter, periscope or smug mug.
3. Yes _____ No _____ Have his/her photo/video image published on the Oviedo High School band website and or social media outlets. These may include but not limited to Facebook, twitter, periscope or smug mug with student name included.

I have read and understand the Image Consent Form and understand that this consent document remains in effect until such time as the parent/guardian modifies the permissions, in writing.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____
(Please Print) Last Name First Name M.I.

Student Signature: _____

Date: _____