

## 2020 Hickory High School Marching Band Commitment Contract

Student Name: \_\_\_\_\_

Students and parents/guardians, please initial next to each individual statement below signifying your understanding and intent to adhere to the guidelines that these statements express. The signatures on this document will indicate your child's commitment to the 2020 Hickory High School Marching Band. Payments are accepted in the form of cash, check made out to HPS Band Boosters, or online through our PayPal portal at [www.hickorybands.com](http://www.hickorybands.com).

\_\_\_\_\_ I/We completely understand the commitment that we make, and the nature of our obligations when initialing and signing this contract. The success of the entire group depends upon every member of the band being present at all rehearsals and performances. If your student is absent, it will hurt the other students in the band.

\_\_\_\_\_ Not upholding your commitment to the band, excluding an absolute emergency, will not be considered an option once the student and parent have made this commitment. While the end of summer break can sometimes lead students to have reservations about new activities, once we have committed to membership in the Marching Band, we (both the student and guardian) will honor that commitment.

\_\_\_\_\_ I/We will make all rehearsals and performances a priority, and understand that each member MUST be present at these events.

\_\_\_\_\_ I/We understand that all appointments (doctors, dentists, etc.), vacations, mission trips, etc. throughout the marching band season should be scheduled to avoid conflict with camps, rehearsals and performances.

\_\_\_\_\_ I/We understand that once signed up for membership in the marching band, all fees paid to the Band Boosters will be nonrefundable. Additional charges for drill rewrites may also be assessed to anyone who does not uphold this commitment.

\_\_\_\_\_ I/We understand our obligation to assist with the endeavors of the HPS Band Boosters, and the fundraising efforts of the HHS Band Program.

**WELCOME TO OUR FAMILY!** By signing this contract, I/We understand the obligations of all camps, rehearsals, performance attendance, and the above statements to be a member of the 2020 Hickory High School Marching Tornadoes!

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **2020-2021 TRAVEL PERMISSION FORM**

---

(Student's Name)

has my permission to travel with the Hickory High School Band Program to all band events in the 2020-2021 school-year, including Summer 2020 events.

I understand that all reasonable precautions have been and will be taken for the safety of my child. I further agree to hold harmless Hickory Public Schools and the HPS Band Boosters, their agents, servants, and employees against any and all liability, loss, damages, costs, or expenses which the above-named child or I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the Hickory Public Schools or the HPS Band Boosters.

---

Parent or Guardian Signature

---

Date

PLEASE FILL OUT AND RETURN THE ATTACHED MEDICAL FORM ON THE NEXT PAGE

**EMERGENCY AND HEALTH INFORMATION FORM**

2020-2021 School-Year

Student's Name:	Telephone #:
Date of Birth:	Home Address:
Father's Name:	Contact Phone #:
Mother's Name:	Contact Phone #:
Legal Guardian's Name:	Contact Phone #:
Name of contact in case of emergency, if parent cannot be reached:	
Emergency Contact Address:	
Emergency Contact Phone #:	
Family Doctor:	
Address:	Telephone #:
Health Insurance:	Company:
Policy # :	Telephone #:

Unusual Health Conditions? ☐ YES ☐ NO If yes, complete the following:

☐ Diabetes ☐ Heart ☐ Convulsive ☐ Seizures

\_\_\_\_\_  
Other Condition

Allergies ☐ YES ☐ NO If yes, name

\_\_\_\_\_

Any other health related issues:

If emergency treatment is required and parent cannot be reached, what does the parent want the school to do? (Please indicate by circling either YES or NO)

1. Contact closest medical facility? YES NO
2. Contact a physician from local referral agency? YES NO
3. Take child to nearest hospital? YES NO
4. Other Suggestions:

I hereby authorize emergency medical treatment for my child

\_\_\_\_\_

Child's Name

Signature of Parent or Legal Guardian:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_