

Student: _____
Last Name First Name

CSHS Music Dept. and Band Handbook
Parent/Student
Acknowledgement Form

We have read the Carrizo Springs High School Mean Purple Band Handbook and we agree to uphold the rules and guidelines as stated. We further understand the consequences assessed for violating these rules and guidelines. Our signatures represent our agreement to abide by the rules, guidelines, and/or consequences as set forth in the MPB Handbook.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Please sign this form and return it to the Band Office before the end of the first week of school.)

Members will not be allowed to perform with the Band (resulting in the loss of performance points) unless this form, the 8-Hour Rule Form, the Medical Consent Form, and the Insurance Form are filled out, signed, and on file with the Band Director.

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

Updated 2018

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. Exception: For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:
www.uiltexas.org/music/marching-band

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature _____ Date _____

Student Signature _____ Date _____

CSHS Mean Purple Band Medical Consent Form

Student: _____
Last Name First Name

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student will be given.

In the event that an emergency arises during a practice session, every effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the Sponsors to provide the needed emergency treatment to the student prior to his/her admission to the medial facilities. Medication may be administered by the Sponsor pending approval by a physician.

- I give permission for my child to receive Tylenol or Motrin when needed.
- I ***do not*** give permission for my child to receive Tylenol or Motrin when needed.

Signature of Parent or Guardian Date

Phone Numbers **Where Parents/Guardians** Can Be Reached:

Home: _____ Work: _____ Cell: _____

Other (explain): _____

Family Physician: _____ Phone: _____

Please list any allergies, medication being taken, and other medical conditions that Sponsors and/or a physician should be aware of before medical attention is given

Dear Parent,

The Carrizo Springs CISD is providing your child with student accident insurance while he/she is participating in any school sponsored supervised UIL (or related) activity or vocational event.

This insurance pays for the medical treatment up to the "Usual and Customary" charge for such medical expenses incurred within 52 weeks from the date of the accident. This coverage is excess, which means if you have any insurance covering your child, you must first file with that company, and any excess expenses will be paid by the student insurance up to the maximum of the policy. If you do not have any other insurance, the student insurance will pay all timely claims up to the maximum of the policy.

Again, this policy only provides coverage while your child is participating in any sponsored and supervised UIL (or related) activities or Vocational events, and, if you have other insurance, you must file with that insurance company first. The school district is not responsible for excess charges over the student insurance maximum benefits. The parents will be responsible for any and all accident expenses in excess of the policy maximums.

In case of an accident, one school official, namely the Sponsor/Director/Coach or a designee, will prepare an insurance claim form (Part A), which will be official with his/her signature. Section B will need to be completed by the parent. The doctor(s) will need to provide an itemized bill, attached to the claim form and mail it in.

All visits to a doctor must be approved by the immediate supervising Sponsor/Director/Coach. This is not done to prevent a student from going to the doctor, but so that we may keep accurate records and so that students will take with them a properly filled out claim form. The school district will not be responsible for any visits not approved by the immediate Sponsor/ Director/ Coach.

To avoid non-payment of claims, it is very important that you indicate below if you have another policy.

PLEASE CHECK ONE:

YES, I do have another individual or group policy.

NO, I do not have any other policy.

If yes, please provide the following:

Name of Insurance Company: _____

Policy Number: _____ **Group Number:** _____

NOTE: I HAVE READ THE ABOVE RULES ON STUDENT ACCIDENT INSURANCE COVERAGE PROVIDED BY THE CARRIZO SPRINGS CISD FOR STUDENTS PARTICIPATING IN UIL EVENTS AND RELATED ACTIVITIES AND UNDERSTAND IT THOROUGHLY.

Parent's Signature

Date

MPB Member Information Card

Fields	Student Information
First Name	
Last Name	
Parent's Phone	
Mother's Name	
Father's Name	
Parent's E-mail	
Instrument / Color Guard	Circle One: Flute, Oboe, Bb Clarinet, Alto Clarinet, Bass Clarinet, Contra-Bass Clarinet, Bassoon, Alto Saxophone, Tenor Saxophone, Baritone Saxophone, Cornet/ Trumpet, F-horn, Tenor Trombone, Bass Trombone, Euphonium, Tuba, Percussion, String Bass, Color Guard
Grade	Circle one: 7, 8, 9, 10, 11, 12
Age	Circle One: 11, 12, 13, 14, 15, 16, 17, 18, 19
Gender	Circle One: Male, Female

The End

Save your document by doing the following:

- Go to file at the upper left-hand side>
- Select > save as> give your document a name, for example:

firstname_Lastname_Student ID

- Press save or ok

- You can email document to: dchavera@cscisd.net or rasanchez@cscisd.net