

# St. Paul's School Marching Wolves 2014-2015

## Band Participation/Parental Permission Form

This form must be completed and signed **each year** prior to a student's participation in the band program (**SPS Band and Golden Blues**) and shall be kept on file with the school. This form is subject to inspection by the St. Paul's School Administration.

### PART I

(To be completed and signed by student)

#### PLEASE PRINT

Student Name: (Last, First, Middle) \_\_\_\_\_

Home Address: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Instrument you currently play: \_\_\_\_\_

Other Instruments that you can currently play: \_\_\_\_\_

Do you currently take private lessons? If yes, for what instrument(s): \_\_\_\_\_

I certify the preceding information is correct, I have read the summary of Band Participation Rules below and I am in compliance with these standards.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_  
(including area code)

Student Email: \_\_\_\_\_ Student Cell No: \_\_\_\_\_  
(including area code)

### ARE YOU ELIGIBLE?

You must meet the following rules to be eligible for band participation:

<u>RULE</u>	<u>COMMENTS</u>
<b>BONA FIDE STUDENT ENROLLMENT</b>	You must be counted as a student on the daily attendance records at SPS. You must attend class during the first 11 school days of the first semester or you will be ineligible for the first 30 school days.
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester you must pass at least five subjects and earn at least a 2.0 grade point average in all subjects taken. At the end of the year and prior to the next school year you must have earned at least five units with an overall 2.0 GPA in all units taken.
<b>PARENTAL PERMISSION FORM SUBSTANCE ABUSE/MISUSE CONTRACT &amp; CONSENT FORM</b>	All Marching Wolves Members shall be required to have this form completed and signed prior to the first time a student participates in an event. Additionally, all rules and regulations included in the St. Paul's Student Handbook, including substance abuse, are incorporated into this permission form and must be followed at all Marching Wolves events.
<b>SUSPENDED AND INELIGIBLE STUDENTS</b>	Cannot participate in any Marching Wolves events during the period of suspension.

#### **MARCHING WOLVES ELIGIBILITY RULES APPLY TO STUDENT BAND MEMBERS ON ALL LEVELS.**

Eligibility to participate in Marching Wolves activities is a privilege you earn by meeting standards outlined on this form and other regulations and policies set by the Band Director and St. Paul's School. If you have questions or do not fully understand an eligibility rule, check with the Band Director. By following the intent and spirit of the rules, you can help prevent violations which may penalize you.

**PART II – PARENTAL PERMISSION**  
**(To be completed and signed by parent)**

I have read and reviewed the general requirements for St. Paul's Marching Wolves eligibility on this form and have discussed these requirements with my student member. I understand additional questions /explanations and specific circumstances should be directed to the Band Director.

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter to receive the necessary medical treatment in the event of an injury or illness while attending a Marching Wolves event and I hereby hold St. Paul School and their representatives harmless in the exercise of this authority. Additionally, I give my permission for the Band Director to release my child's injuries to the administration and principal of his/her school.

I hereby give my consent and approval for the student named on this form to participate in the Marching Wolves Program and **understand that I will become a member of the Band Booster Club which will require me, or a member of my family, to work Football and Soccer concession events, or participate in other fundraising events, to help offset the cost of transportation, food, and other student expenses for the Marching Wolves and Golden Blues, as well as attend at least three regular booster club meetings.** I also understand that participation as a chaperone to any event is a privilege and **eligibility to chaperone will be based on total concession stand hours worked** if there are limited chaperone spots available.

**I hereby \_\_\_ approve \_\_\_ disapprove (check one) of my son/daughter participating in team building activities during band camp.**

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Father's/Guardian Information:***

***Mother's/Guardian Information***  
*(if same, note "same")*

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

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

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_  
*(including area code)*

Home Telephone No.: \_\_\_\_\_  
*(including area code)*

Cell Number: \_\_\_\_\_  
*(including area code)*

Cell Number: \_\_\_\_\_  
*(including area code)*

Email Address (1):- \_\_\_\_\_  
*(Primary)*

Email Address (1): \_\_\_\_\_  
*(Primary)*

Email Address (2): \_\_\_\_\_  
*(Optional)*

Email Address (2): \_\_\_\_\_  
*(Optional)*

**Primary number to use in case of emergency (including area code):** \_\_\_\_\_

Type of number:       Work       Cell       Home

***If you would like to receive text communications for same day schedule changes, please provide your cellular carrier (i.e. AT&T, Verizon, Sprint, etc.) for each of your above cell numbers.***

# St. Paul's School MARCHING WOLVES

917 S. Jahncke, Covington, LA 70433 Phone: 985-892-3200

## SPS Marching Wolves Student-Medical Information/Release Form

Please fill out the following information:

Student name \_\_\_\_\_ Instrument \_\_\_\_\_ Grade \_\_\_\_\_

SPS Band Member \_\_\_\_\_ Golden Blue Member \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom's cell # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's cell # \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Other \_\_\_\_\_

Student's Personal Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*\*\*\*PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)\*\*\*\*\***

Check any **ALLERGIES** and specify nature of **REACTION**:

\_\_\_\_ Pollen/ Hayfever \_\_\_\_ Bee Stings \_\_\_\_ Medication (\_\_\_\_\_)

\_\_\_\_ Food Allergies (\_\_\_\_\_) \_\_\_\_ Insects (\_\_\_\_\_) \_\_\_\_ Other (\_\_\_\_\_)

Nature of reaction to any of the above: \_\_\_\_\_

\_\_\_\_\_

Medication the student is currently taking: \_\_\_\_\_

\_\_\_\_\_

Additional information we should be aware of: \_\_\_\_\_

\_\_\_\_\_

I **DO / DO NOT** (circle one) authorize a representative of the SPS Marching Wolves to secure medical treatment or administer **OVER THE COUNTER** medication to \_\_\_\_\_ (print student's name) as may become necessary.

\_\_\_\_\_

I will keep this information updated and current, notifying the directors of any changes.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_