

1. **Parent Permission, Emergency medical and Waiver of Claims for Transportation of Students, Release Not to File a Claim Form**
  - Field Trip, Activity of Sports: Band OR Color Guard
  - Transportation Information: Make sure you check District Bus as well as Commercial Charter Bus, as both methods have been used to transport students to field events in the past. If your student will be participating in Jazz, Drumline or Colorguard, you probably should mark everything applicable
  - Health History and Insurance Information: One of the first 2 boxes MUST be marked – the other 2 only if needed. **If your child has allergies, please highlight.**
  - Fill in Physician and Insurance information and mark MAY or MAY NOT regarding medical attention and hospital admission. If these are not marked, your child MAY NOT be treated in an emergency.
  - Emergency phone number should be for someone other than the parent.
  - Make sure to sign and date.
2. **Athletic/Auxiliary Insurance Certification Form**
  - Complete the declaration – one of the top two boxes MUST be checked. If you have your own insurance, please include the longer number from your insurance card: ID #, Identification No., Member ID, Medical Record Number. The Group Number is not usually enough for identification by a medical provider. Write “None” if there is no expiration date.
3. **DMV/Risk Management/PYLUSD Rules and School Driver Registration Form**
  - If you are going to be transporting students, this must be filled out. (The form is most often needed for Colorguard, Drumline and Jazz.)
  - A form is required for any driver that is transporting students.
  - Completely fill out the form – DO NOT FORGET DL # and expiration date as well as vehicle license # and expiration date.
  - Be sure to sign and date the form.
4. **Waiver, Release and Indemnity Agreement – Assumption of Risk for Participation in Voluntary Activity**
  - If you mark Specific Sports, please be sure to indicated Band or Colorguard as well as Drumline and/or Jazz, if applicable. Mark all seasons – Spring would be the next calendar year.
5. **PYLUSD – Sports Pre-Participation Physical Exam Form – STUDENTS MUST HAVE A PHYSICAL TO PARTICIPATE IN MARCHING BAND.**
  - Parent completes top portion.
  - The bottom portion MUST be completed by a licensed physician. Physician signature and Doctor’s Stamp are REQUIRED.
  - Date of last tetanus immunization is required. If a student is injured, medical personnel will want to know this. If there is no date, your student may receive a tetanus shot unnecessarily.
  - PHYSICAL THROUGH SCHOOL????
6. **Copy of Insurance Card**
  - Front and Back are needed. Please submit only full sheet(s) of 8 ½ X 11 paper. Do not cut or laminate.
  - If you are purchasing Myers-Stevens insurance, a copy of their insurance card must be provided by 10/15.
7. **Band or Colorguard Uniform Agreement**
  - Make sure that you circle the t-shirt size (men’s sized t-shirt) and sign and date the agreement (both parent and student). The student will be expected to wear appropriate band whites to all uniform events.
8. **Communication Agreement**
9. **Contact Information** – please include emails and cell phone numbers for student & at least one parent.
10. **Constitution**
11. **Fair Share Contribution**
  - The Fair Share Contribution needed per student this year, to provide the necessary level of services and support to the Band and Colorguard Program is \$550.
  - If your student participates in the Colorguard/Winterguard, Winter Drumline or Jazz Bands, there will be additional contributions required to support these activities.

# PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT ATHLETIC PROGRAM

## PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FOR TRANSPORTATION OF STUDENTS, RELEASE NOT TO FILE A CLAIM

School Year: July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

To be completed by parent/guardian: School (check one):  El Dorado  Esperanza  Valencia  Yorba Linda

Name: \_\_\_\_\_ has permission to participate in the following field trip, activity or event.  
(Last) (First) (M.I.)

By my signature below, I/we hereby give permission for my son/daughter to participate in and be transported to and from the above-described activity. I/We realize that participation in this activity is voluntary as part of the Placentia-Yorba Linda Unified School District (District) school athletics/auxiliary program. I/We understand that this activity could cause serious illness, and/or injury, and/or death, and I/we assume all risks for any such illness, and/or injury, and/or death.

Field Trip, Activity, or Sports: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

### TRANSPORTATION INFORMATION

Departure time is when the school bus departs and return time is immediately following scheduled activity. Point of departure and return is from/to your school site. Destination will be at site of scheduled activity.

Method of transportation for above-named student may be by:

- District Bus  Commercial Charter  District Auto Driven by Staff Member\*  
 Private Auto Driven by Staff Member\*  Private Auto Driven by Parent\*  Private Auto Driven by Adult not a Staff Member\*  
 Private Auto, Student Driving Him/Herself Only\* (no other student passengers allowed)

**\* All drivers must complete the attached School Driver Registration Form which will be filed at the school site and at Risk Management. District employee drivers must also file a DMV report with PYLUSD Risk Management.**

### HEALTH HISTORY AND INSURANCE INFORMATION

Please check all that apply.

	My child has <b>NO</b> special needs the staff should be made aware of, and <b>NO</b> medication is required on this field trip, activity, sport.
	My child has a special need and/or medication required on this field trip, activity, sport. <b>Note: Attach instructions and location of medication. Number of attached pages: ____</b> <b>It is the responsibility of the parent to notify the school of any changes to their child's medication(s).</b>
	Allergies. List: _____
	Other: _____

Student's Date of Birth: \_\_\_\_\_ Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
For Religious Accommodation, a copy of the appropriate form must be attached.

Do you have current medical insurance coverage?  Yes  No (If no, please see Myers-Stevens & Toohey Student Accident & Health Insurance Brochure)

Name of Insured (Parent/Guardian): \_\_\_\_\_ Employer: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\* He/She  **MAY**  **MAY NOT (check one)** receive medical attention by a duly licensed physician.

\* He/She  **MAY**  **MAY NOT (check one)** be admitted to a hospital in case of an emergency.

I/we acknowledge that the District does not provide liability insurance and or health benefit insurance/coverage for participation in this activity. If I/we cannot be reached in case of an emergency, please call \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_

### RELEASE NOT TO FILE A CLAIM/AUTHORIZATION TO TREAT A MINOR

For and in consideration of permitting the above named child to participate in the activity described above, I/we the undersigned, for him/herself and personal representatives, assigns, heirs, and next of kin, as well as for any minor for whom this Release and Covenant Not to File a Claim is executed, or that minor's personal representative, assigns, heirs and next of kin, hereby voluntarily RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO FILE A CLAIM against the Placentia-Yorba Linda Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the activity, or any activities incidental to the field trip or excursion that is the subject of this authorization (Education Code Section 35330). The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by all participants. I/we understand these safety regulations will be enforced during all games and practices. I/we fully understand that participants are to abide by all rules and regulations governing conduct during this activity.

I/We the undersigned parent, parents, or legal guardian of the above named child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health, (only if we have given permission above to receive medical attention and admission to a hospital for a medical emergency). It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We agree to assume financial responsibilities for injuries sustained by my child.

I/We understand this field trip, activity, or event may be cancelled at any time for security reasons. Such trips are subject to modification or cancellation when the U.S. Dept. of Homeland Security announces either High Condition (Orange) or Severe Condition (Red). In the event of such cancellation by the District, I/we accept any and all financial risks or penalties imposed by any of the vendors providing services for travel, accommodations, or other trip-related services as a result of cancellation.

Parent/Guardian Name(s): \_\_\_\_\_;

Parent/Guardian Signature(s): \_\_\_\_\_;

Student Signature if 18 or Over: \_\_\_\_\_ Date: \_\_\_\_\_

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT  
1301 E. Orangethorpe Ave., Placentia, CA 92870

ATHLETIC/AUXILIARY INSURANCE CERTIFICATION FORM

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

If your student plans to participate in interscholastic athletic and/or auxiliary events (including activities of marching bands, drill teams, dance teams, cheerleaders, color guard, banner carriers, baton twirlers, mascots, and team managers), it is **legally required** that you must either:

- (1) Furnish the school with an affidavit certifying that your child is covered by insurance that provides at least the equivalent protection required by law as described below; or
- (2) Purchase the student accident insurance that is available from Myers-Stevens & Toohey & Co., Inc. Student Accident Plan. For those wishing to purchase student accident insurance through Myers-Stevens & Toohey & Co., Inc., applications and brochures are available in your athletic clearance packet and in the Student Activities Office.

DECLARATION OF PARENT OR GUARDIAN

Please check as applicable.		
	I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance that provides the following:	
	<ol style="list-style-type: none"> <li>1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts: (Ed. Code 32221)               <ol style="list-style-type: none"> <li>a. A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.</li> <li>b. Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).</li> <li>c. At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.</li> </ol> </li> <li>2) I hereby agree that this policy shall not be cancelable without at least 10 days prior written notice to the district. I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements.</li> </ol>	
	Insurance protection in any of the above amounts shall be provided through group, blanket, or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Department of Industrial Relations of the State of California, effective October 1, 1966. (Ref. Ed. Code 32221)	
	Insurance Company _____	Policy/Group No. _____
	Please attach a copy of Insurance Card (front and back) or Policy.	
	Expiration Date of Policy _____	
	I will purchase the Myers-Stevens & Toohey & Co., Inc. Student Accident policy for all athletics and activities except tackle football.	
	I will purchase the Myers-Stevens & Toohey & Co., Inc. Student Accident policy for tackle football.	
	My student will not participate in any activity requiring insurance under Education Code Section 32220-32222 and I do not wish to purchase any insurance from Myers-Stevens & Toohey & Co., Inc. Student Accident Plan	

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Name – Please Print \_\_\_\_\_ Date \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLACENTIA YORBA LINDA UNIFIED SCHOOL DISTRICT DMV/Risk**

**Management/PYLUSD Rules & School Driver Registration Form**

**Important – This form must be filled out each school year for anyone driving students.  
Please complete a separate form for each driver.  
Driving is strictly voluntary.**

**District Employees & Parents:**

District employees and parents driving their own vehicles to transport students are required to fill out this form annually or whenever any changes occur regarding the vehicle being driven.

Proof of car insurance is verified via your signature on the School Driver Registration Form. Drivers are responsible for all damages and losses to persons and property.

Vehicle capacity is limited to 10 seats or less. If your vehicle capacity is greater than 10 seats, you may transport your children only.

All Drivers must be at least 21 years of age in order to drive students. Parents may never drive a District vehicle.

**District Employees:** (includes District employees who work at one site and volunteer at an alternate site)

An Official DMV Driving Record is required of all employees who transport students. The form is available at the DMV for a \$5.00 non-reimbursable fee. Once your driving record is on file with Risk Management it is updated annually by the DMV.

**Student Drivers:**

Students may not drive any other students in their vehicle at any time.

Students holding a provisional driver's license may not drive between 11 pm and 5 am.

For additional information please refer to [http://www.dmv.ca.gov/teenweb/dl\\_btn2/dl.htm](http://www.dmv.ca.gov/teenweb/dl_btn2/dl.htm)

**School Driver Registration Form**

School/Department \_\_\_\_\_

Driver (check one)      Employee      Parent/Guardian      Student      Volunteer

Driver's Name \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_

Student's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Driver's License Number \_\_\_\_\_

City St \_\_\_\_\_ ZIP \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Vehicle Information**

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_

Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Seating Capacity (including the driver) \_\_\_\_\_ Registration Expires \_\_\_\_\_

**Driver Statement**

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I, hereby, give Placentia-Yorba Linda Unified School District permission to obtain by official driving record from the Department of Motor Vehicles. I understand that if an accident occurs, my insurance shall bear primary responsibility for any losses or claims for damages. I, the undersigned, for him/herself and personal representatives, assigns, heirs, and next of kin, hereby voluntarily RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO FILE A CLAIM against the Placentia-Yorba Linda Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the activity, or any activities incidental to the field trip or excursion that is the subject of this authorization (Ed. Cod Sec. 35330).

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if student is under the age of 18) \_\_\_\_\_ Date \_\_\_\_\_

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT  
1301 E. Orangethorpe Ave., Placentia, CA 92870

SCHOOL ATHLETICS/AUXILIARY PROGRAM

WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY

Participant: \_\_\_\_\_ School: \_\_\_\_\_

( ) All Sports ( ) Specific Sport(s) \_\_\_\_\_ Season: ( ) Fall ( ) Winter ( ) Spring 20 \_\_\_\_

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that participation in this activity is voluntary as part of the PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT (District) school athletics/auxiliary program. I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. I am aware that the District provides no coverage for medical treatment or liability in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to the above named child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by all participants. I understand these safety regulations will be enforced during all games and practices. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE KNOWINGLY AND VOLUNTARILY ASSUMES ALL RISKS OF BODILY INJURY TO HIS/HER CHILD, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program, nor does the District provide medical coverage for participants in this activity.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Name – Please Print                      Date

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I understand and acknowledge the above statements.

\_\_\_\_\_  
Student Signature    Student Name – Please Print    Date

If any of the foregoing is not completely understood, please contact your school principal for further clarification before you sign.

ALL BAND AND COLORGUARD MEMBERS MUST RECEIVE A **SPORTS PRE-PARTICIPATION PHYSICAL** BEFORE THEY WILL BE ALLOWED TO PARTICIPATE IN ANY FIELD ACTIVITIES. PLEASE BRING THE ATTACHED FORM COMPLETED, SIGNED AND STAMPED TO BAND CAMP **NO LATER THAN AUGUST 17th.**

In addition to your child's own physician, physicals may be obtained on a walk-in basis through a number of local medical clinics including:

- **Minute Clinic** (inside the CVS Pharmacy): 18080 Imperial Hwy (cross street Eureka)  
\$49 - Yorba Linda (714) 961-1054 *Hours 8:30 – 7:30 M-F 9:00-5:30 Sat and Sun*
- **MD Medical Clinic:** 1300 N. Kraemer Blvd. (cross street Mira Loma)  
\$45 Anaheim (714) 630-6363 *Hours: 7:00-6:00 M-F (Dr. at Lunch 1:30-3:00 M-W)*

# PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT - SPORTS PRE-PARTICIPATION PHYSICAL

Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ School Year  20\_\_\_\_  20\_\_\_\_  20\_\_\_\_

**Check sport(s) of participation:**

- Band Baseball Basketball Cheer Color Guard Cross-country Dance Diving Football Golf Lacrosse Song  
Tennis Soccer Softball Track/Field Swim Volleyball Water Polo Wrestling Other \_\_\_\_\_

**PARENT - Please answer questions 1-21**

Has the student/athlete ever:	YES	NO
1. Been hospitalized overnight? Diagnosis		
2. Had any chronic illness? <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> frequent headaches <input type="checkbox"/> bleeding disorder <input type="checkbox"/> Other		
3. Recently taken medication including over-the-counter meds or inhalers? Medication:		
4. Had any allergies (medication, bee stings, etc) Allergy:		
5. Become dizzy or passed out during exercise?		
6. Developed chest pain, shortness of breath or wheezing?		
7. Become tired more quickly than peers during exercise?		
8. Been told that he/she has a heart murmur or heart disease?		
9. Skipped heart beats?		
10. Had anyone in the family develop heart disease or die from heart problems under age 40?		
11. Had a significant head injury or concussion?		
12. Passed out or had a seizure?		
13. Had more than one episode of burner/stinger (pain from neck into arm)?		
14. Had heat cramps or heat exhaustion?		
15. Had a broken/fractured, sprained, or dislocated body part? List body part(s) and date(s) of injury.		
16. Is the student/athlete missing an organ or limb? List body part(s) and date(s) of loss.		
17. Does student/athlete use special equipment? <input type="checkbox"/> Pads <input type="checkbox"/> Braces <input type="checkbox"/> Orthotics <input type="checkbox"/> Prostheses <input type="checkbox"/> Other		
18. Does student/athlete have to gain or lose weight to meet the requirements of his/her sport(s)?		
19. Does student/athlete eat a healthy well balanced diet?		
20. <b>For Females:</b> Are menses (periods): <input type="checkbox"/> regular/monthly <input type="checkbox"/> irregular <input type="checkbox"/> absent		
21. Last tetanus immunization:		

I hereby authorize the use and/or disclosure of my student/athlete's individual health information for the purpose of medical clearance for participation in the district's sports program. I understand that this authorization is voluntary.

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

**PHYSICAL EXAMINATION BY PHYSICIAN**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Visual Acuity:  
 Pulse \_\_\_\_\_ Body Habitus \_\_\_\_\_ Right eye 20/ \_\_\_\_\_ Left eye 20/ \_\_\_\_\_ Both eyes 20/ \_\_\_\_\_

**Legend: / = within normal limits + = see comments x = omitted**

General	/	+	x	General	/	+	x	Orthopedic	/	+	x	Orthopedic	/	+	x
Head				Heart				Cervical Spine/Back				Knees			
Eyes				Abdomen				Arms/Elbows/wrists/hands				Ankles/feet			
Ears/nose/throat				Genitalia/hernia				Hips				Flexibility			
Neck				Neurological											

**Comments:** \_\_\_\_\_

Discussion Items	Yes	No
Stretching emphasized		
Discussed fitness/ideal weight		
Discussed treatment of injuries		
Discussed prevention of sun/heat-related problems		
Discussed testicular cancer exams		

Medical Clearance * as appropriate for age and development	Yes	No
Full contact collision level		
Clearance deferred or no participation at this time because		

MD/DO/FNP:	State License Number:	Phone:
Address (Doctor's Stamp Required):		Date:

# COLOR GUARD UNIFORM AGREEMENT

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**Parade Uniform: Purchase price approx . (collected in the summer CG Uniform participation contribution)**

The Parade uniform is custom ordered by the boosters for every Color Guard student. Returning Color Guard students may use their same uniform as last season, providing it fits and in good performance condition. This uniform is owned by the Color Guard student and is their responsibility to care for it, keep it in performance condition. When received, it is each performer's responsibility to alter it to fit. It is the responsibility of each performer to bring their parade uniform on performance days as per the director.

**Parade Shoes: Purchase price approx . (collected in the summer CG Uniform participation contribution)**

All Color Guard students need Parade shoes that are in good performing condition. New Students and Returning Students needing New Shoes Shoes are fit and ordered by the Boosters

**Field Uniform: Purchase price approx . (collected in the summer CG Uniform participation contribution)**

A Field Uniform is custom ordered by the boosters for every Color Guard student - This uniform is owned by the Color Guard student and is their responsibility to care for it, keep it in performance condition. When received, it is each performer's responsibility to alter it to fit. It is the responsibility of each performer to bring their parade uniform on performance days as per the director.

**Field Shoes: Purchase price approx .**

All Color Guard students need Field Show shoes –style to be determined by the color guard instructor. It will be the responsibility of each color guard student to purchase these from a local dancewear store. These shoes should be kept in performance condition.

**Warm Ups / Tank Top / Embroider : Purchase price approx .. (collected in the summer CG Uniform participation contribution)**

Warm ups and Tank Tops with custom embroidery will be ordered by the boosters for all New Color Guard students. These warm ups are owned by the Color Guard student and is their responsibility to care for them.

**Makeup / Hair / Make up/ Hair**

**For All Performances – Makeup and Hair will be determined by the Color Guard instructor.**

Every Color Guard student will be responsible for providing and applying their own make-up, as directed by the instructors. Every Color Guard student will be responsible for styling their hair, as directed by the instructors. **No Nail polish.**

**Gym Bag/ Equipment Bag: Purchase price approx .**

All Color Guard students will need to provide a gym bag labeled with your name as a way to transport all performance items. Each Color Guard student will need an equipment bag to fit 6ft. flag poles, rifle, sabers, etc. We ask that each Color Guard student purchase a 36-inch rifle with black bolt and white strap -This rifle will be yours to keep. **It is the responsibility of each Color Guard student to make sure that all equipment is in performance condition and is brought to each practice and performance.**

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**All Color Guard "S I T" will be designed and given to each participating student**

**These shirts will be worn at events when not in uniform**

**The shirts are Men's Crew Neck T Shirts – please indicate your size accordingly!**

**T Shirt (Men's Size) Please Circle: S M L XL XXL**

**\*\* Please choose wisely – this is a custom shirt order for Fall 2016, a onetime order and extras are not ordered.**

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**I have read and understand all of the Color Guard Uniform Agreement:**

**Name of Student: (printed) \_\_\_\_\_**

**Signature of Student: \_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_**



# EL DORADO BAND COLOR GUARD COMMUNICATION AGREEMENT

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Communication is **ESSENTIAL** for the ongoing success of the El Dorado Band and Color Guard program.  
The following describes the channels of communication used by the Band and Color Guard Boosters:

## **MONTHLY BOOSTER MEETINGS**

- Generally scheduled the 2<sup>nd</sup> Tuesday of the month
- 7:30 in the Band Room

## **EDHS BAND & COLOR GUARD WEBSITE**

- [www.eldoradoband.com](http://www.eldoradoband.com) **BOOKMARK THIS SITE**
- All pertinent information will be posted there
- A Google Calendar with all event dates and times is posted on the HOME PAGE
- Event Flyers with call times and maps are posted during the week of upcoming events.
- The Booster tab contains all Contact Information of each Booster Board and Committee Chairperson

## **EMAIL MESSAGES**

- Weekly "Land of Band and Colorguard" emails will be sent out each Sunday.
- Please take the time to read these completely as they will include the next week's schedule and other important information.
- In addition emails may be sent during the week with information about a specific event, changes to the schedule and other important and time sensitive information. Please check your email **DAILY** for all communication.
- Please provide email addresses that family members **CHECK FREQUENTLY**.
- PLEASE PRINT CLEARLY when providing the email addresses.

## **TEXT SERVICE**

- Subscribe to Remind101 Text Service with your smart phone (if applicable)
- Information on how to subscribe will be given at Band Camp and in class

## **PHONE CONTACT INFORMATION**

- Please provide a phone number that your family WILL MOST LIKELY RECEIVE MESSAGES FROM

## **PICTURES OF BAND & COLOR GUARD STUDENTS AND FAMILIES**

- Pictures are frequently taken of the students and family members and may be posted on the El Dorado Band & Color Guard website and/or other media formats.
- Please contact the Booster President in writing if you do not want your pictures used in this fashion.

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**We have provided all the needed contact information, and will also utilize the multiple forms of communication tools provided by the El Dorado Band & Color Guard Program and Boosters**

Name of Student: (printed) \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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



# THE EL DORADO BAND AND COLOR GUARD CONSTITUTION

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## **Article I.**

The group shall be known as the El Dorado Golden Hawk Band and Color Guard, comprised of Jazz Ensemble I and II, Marching Band, Concert Band, Wind ensemble, Color Guard, and all other performing groups.

## **Article II.**

The group, through its organization and members, shall endeavor to accomplish the following:

- A. Develop leadership.
- B. Develop character, good citizenship, and good sportsmanship.
- C. Encourage social and recreational activities.
- D. Participate in half-time activities at football games, or at other athletic events, school functions, and assemblies.
- E. Participate in competitions and festivals.
- F. Participate in community events.

## **Article III. Membership:**

1. The organization shall consist of students in grades 9-12 who have satisfactorily passed all requirements and who are in good standing.
2. A student may become a member only after the following entrance requirements have been satisfactorily met:
  - a. Must be enrolled at El Dorado High School.
  - b. Must have at least a 2.0 grade point average.
  - c. Must be enrolled in PE Band (0-period) and one other band/Color Guard class.
3. A member may be suspended or expelled from the organization for any of the following:
  - a. Failing to comply with school rules.
  - b. Non-participation.
  - c. Excessive absences or tardies (see school policy).
  - d. Failure to maintain a 2.0 GPA
  - e. Un-excused absence from a performance or event.
  - f. Foul language.
  - g. Disrespectful conduct directed towards the directors or other staff members.
  - h. Activities which reflect negatively upon the group or El Dorado High School.
  - i. Using any type of alcohol or drugs.

## **Article IV. Attendance related to performance and practices:**

1. If un-excused absences become excessive, a member may be removed from the organization.
2. A member may not perform if absent from the final practice before a performance.

Exceptions may be made only if the director is notified in advance. If absent on Friday, the member may not take part in a Saturday performance. Members are expected to attend school the day of a performance. Ineligible members are still required to attend performances.
3. Absences and missed performances will affect the member's letter grade.

## **Article V. Practices and Performances:**

1. A member who does not know a routine or music well enough will need to attend a practice under the supervision of their section leader or captain.
2. Additional practices may be called by the director
3. A member who is truant from any band or Color Guard class will be placed on probation and be suspended from two performances following the truancy. If a second truancy occurs, the member may be removed from the organization.
4. A member may be suspended from a performance for any of the following reasons:
  - a. Missing too many practices prior to a performance.
  - b. Not knowing material well enough to perform.
  - c. Failure to bring any part of the uniform on the day of the event.
5. All members must report to the band room at the time designated by the directors.
6. All members are expected to ride to and from events with the organization. Special permission to return with parents may be granted only by the directors. The directors must see the parent before granting permission for member to leave.
7. There will be inspection before each performance. Band Council will check the following:
  - a. No jewelry is permitted.
  - b. Color Guard make-up must be worn as demonstrated by the directors.
  - c. Hair pieces must be neat and clean.
  - d. Gum chewing, eating, and drinking in uniform is prohibited!

- e. Nail polish may not be worn.
  - f. Clean whites and gloves.
  - g. Males must be clean shaven!
8. No public display of affection is permitted while representing the organization. Members will sit together at football games in the area designated by the band boosters. At other competitions and events the director will designate where the team is to sit.

**Article VI. Section Leaders shall:**

- a. Be selected by the director.
- b. Be responsible for inspiring the members of their section, and for setting a positive example for the El Dorado Golden Hawk Band and Color Guard.
- c. Cooperate at all times with the drum major and the directors.
- d. Be responsible for communicating messages from the directors and arranging practice times for absent section members.
- e. A section leader who does not perform satisfactorily may be removed at the discretion of the director.
- f. During competition season, section leaders will hold at least one after school practice per week.
- g. If there are any problems with section members during practice, they shall be reported to the directors.

**Article VII. Captains shall:**

- a. Consist of a captain and co-captains. They will assume charge of the team during all performances, practices and try-outs.
- b. Be appointed in the spring by the director based upon tryout scores and teacher evaluations.
- c. Color Guard captains will be announced at the annual awards banquet.
- d. Be expected to set high standards for EDHS Color Guard (academic achievement, behavior in the classroom, behavior outside of school, honesty, good grooming, attendance, and sportsmanship).
- e. The directors may remove a captain from the position if the captain fails to set high standards for the team, or does not follow through with assigned responsibilities.
- f. Assist in enforcing the standards of the team.
- g. Assist in morning warm-ups and technique.
- h. Take charge of the team when the director is not present.

**Article VIII. The Drum Major shall:**

- a. Be appointed in the spring by the director based upon tryout scores and interview evaluations.
- b. The Drum Major will be announced at the annual awards banquet.
- c. Be expected to set high standards for the EDHS Band, show leadership, and help others.
- d. Assist in warm-ups.
- e. Handle any discipline problem a section leader has with a student.
- f. Take charge of the band when the director is not present.

**Article IX. The Directors shall.**

- a. Attend all team functions unless he or she has made other arrangements.
- b. Inform members of all school rules that affect the group.
- c. Clear and approve all activities.
- d. Make the final decisions on all matters that affect the team; including, but not limited to, discipline of group members.
- e. Supervise all group practices, performances and activities.
- f. Assume responsibility for training the captains and section leaders.
- g. Establish other rules and procedures, as required.

**Article X.**

Amendments to the constitution must be approved by the director and the Principal.

I have read the Constitution of the El Dorado Band & Color Guard and agree to follow all rules and expectations:

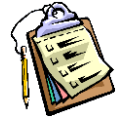
**Name of Student: (printed)** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

## CONGRATULATIONS!

You made it through the registration packet. But are you sure it's 100% complete? Here are some common mistakes that are made – please take a moment to make sure your forms are really ready to submit – you'll be so glad you did! Even you experienced band and booster members could benefit from a second look . . . ☺



### GENERAL GUIDELINES

- 1) Please make sure that only one side of every page is used.
- 2) Please do not include any partial or cut sheets of paper – only 8 ½ X 11. **Do not laminate any page.**

### PARENT PERMISSION FORM



- 1) Did you check both District Bus and Commercial Charter in the Transportation section?
- 2) Did you check one of top two boxes under Health History and Insurance Information?
- 3) Did you put a check next to the MAY or MAY NOT section for **BOTH medical attention and hospital admission**?
- 4) Did at least one parent sign and date the form?

### ATHLETIC/AUXILIARY INSURANCE CERTIFICATION FORM – Pay some extra attention to this one please:

- 1) Did you check either the long narrow first box or the 2<sup>nd</sup> box under “Please check as applicable”?
- 2) PLEASE NOTE that the Policy/Group No. that should be entered here is **the longest of the numbers on your insurance card**. It should be the ID/Identification Number/#, Member ID, Medical Record Number. The Group No. alone is not enough. If you already put the Group Number in, please just add the ID number above that.
- 3) Did a parent sign and date the form and provide contact information at the bottom?

### DMV/RISK MANAGEMENT/PYLUSD RULES & SCHOOL DRIVER REGISTRATION FORM

- 1) Did you remember to include the driver's DL # and expiration date?
- 2) Did you remember to include vehicle's License # and expiration date?



### WAIVER, RELEASE AND INDEMNITY AGREEMENT

- 1) If you check Specific Sport(s), please write in Band as well Jazz and/or Winter Guard or Winter Drumline, as applicable. Please check all Seasons – this is for Marching Band and Concert Band.
- 2) Did a parent sign and date the form?
- 3) Did the student sign and date the form?



Is your fully completed Sports Pre-Participation Physical form included?

Have you included a copy of the front **and back** of the student's insurance card on 1 or 2 full sheets of unlaminated paper?

### BAND UNIFORM AGREEMENT

- 1) Did you circle a size for your student's show shirt? Men's size t-shirts are used.
- 2) Did both parent and child sign the form?



Did both parent and student sign both the Communication Agreement and the Constitution?

### LASTLY, PLEASE BE SURE YOUR STUDENT HAS SIGNED THE

- 1) WAIVER RELEASE AND INDEMNITY AGREEMENT,
- 2) THE UNIFORM AGREEMENT,
- 3) THE COMMUNICATION AGREEMENT, AND
- 4) THE CONSTITUTION.



Thank you so much for helping to ensure a smooth registration process for your student. GO HAWKS!!!