

2019-2020 FENTON MARCHING BAND SEASON

STUDENT INFORMATION AND PARENT AUTHORIZATION FORM

~ This form will serve as authorization for all band related activities July 2019 thru May 2020 ~

SUBMISSION of ONLINE FORM is REQUIRED Visit: <https://goo.gl/forms/oEFRMZgjzAXD7n012>

**** PLEASE KEEP ALL INFO UP-TO-DATE AS IT WILL BE USED FOR THE ENTIRE SEASON ****

Student Name _____ Marching Band Instrument _____

Home Phone & Address _____
Phone Number _____ Street _____ City _____ Zip _____

Grade in 2019-20: Fr So Jr Sr **Adult T shirt Size:** S M L XL XXL

FEE Due: Purchasing Shoes at Camp? NO _____ = \$410 due -or- YES _____ (add \$43) = \$453 due

PARENT OR GUARDIAN AUTHORIZATION:

- In case of an accident or serious illness, I hereby authorized Fenton High School personnel or parent chaperone to incur medical costs necessary to secure emergency medical treatment for the above listed child, for which I shall be fully responsible. I authorize the medical facility to release any and all information required to complete insurance claims and authorize insurance payment directly to the medical facility.
- I hereby give my permission for Andrew David Perkins or his representative to administer the following medication if necessary: (check if applicable)
_____ Tylenol/Acetaminophen _____ Antacid _____ Benadryl/Diphenhydramine
_____ Ibuprofen/Motrin/Advil _____ Cold/Sinus Medication
- I understand that in the event that my son/daughter does not comply by the rules given, they will lose the privilege of participating in marching band. Consequences may include suspension and/or expulsion at the discretion of the director and/or administrator. Violations include and are not limited to: Possessing illegal drugs, cigarettes or alcohol; inappropriate conduct, causing harm to another person, causing damage to property. In case of a serious disciplinary problem, I hereby authorize Fenton Area Public Schools personnel to send this student home. It is understood that such a return trip would be at the parent's expense. Parents will be notified before this action is taken.

X _____
Parent or Guardian Signature _____ Date _____

X _____
Band Member Signature _____ Date _____

To be officially REGISTERED for Fenton High School 2019-2020 Marching Band Season, the following forms MUST be signed and returned to the **FHS Band Office** along with the fee paid in full NO LATER THAN **May 17, 2019**:

* (THIS) 2019-2020 Marching Band Season Form (Page 1) & Photo Consent Form (Page 2)

*The SVSU form (2-sided) – signatures on both sides

* Fenton Schools ICHAT form – (for parent volunteering)

*ONLINE Google Form must be submitted: <https://goo.gl/forms/oEFRMZgjzAXD7n012>

* Full **payment of \$410 or \$453**. Checks and Money Orders made out to FENTON BAND BOOSTERS.

PHOTO CONSENT FORM

In consideration of participation in any of the Fenton High School Music programs, I, as participant (or the parent or legal guardian of participant) _____,

(print participant's name)

release Fenton High School, its licensees, agents, successors and assigns including, but not limited to the Fenton Band Boosters (hereinafter collectively referred to as "FHS") from all liability for claims and demands arising out of this consent form as set forth below.

I authorize FHS to fix participant's picture or likeness, voice, or any performance in any tangible medium of expression now known or later developed, from which can be perceived, reproduced, or otherwise communicated as a "recording", either directly or with the aid of a machine or device including, but not limited to photographs, films and audio- and videotapes, and compact disks; to edit these recordings at FHS' discretion; to incorporate these recordings into movie and sound films, audio- and videotapes, compact disks, or broadcast programs (radio and television, including cable and satellite transmissions); to use and license others to use such recordings, movie and sound films, audio- and videotapes, compact disks, or broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, advertising and sales promotion and to use participant's likeness, voice, performance and biographic or other information in connection with the recording.

I further agree to indemnify and hold harmless FHS from any and all claims and liability for damages, losses or expenses of any sort arising from the making of such recordings and their use. I further acknowledge that, there were no promises of any compensation for such use by FHS and that FHS exclusively owns all rights to these recordings regardless of the form in which they are produced or used.

I agree that I have fully read and understand the contents of this consent form, and that I have the full legal right and authority to accept and agree to the terms within this consent form. **Both Student and Guardian should sign:**

Signature of Participant: _____ Date: _____

Name of Participant (please print): _____

Signature of Parent or Guardian

(if participant is under age 18): _____ Date: _____

Name of Parent or Guardian (please print): _____

Consent authorized for use by:

Fenton Area Public Schools

3100 Donaldson Drive

Fenton, Michigan 48430