



*2019 - 2020 Parent Information Form*  
**Naples High School Golden Eagle Band Program**  
[www.NaplesHighBand.com](http://www.NaplesHighBand.com)

**STUDENT INFORMATION**

<b>Last Name:</b>	<b>Date of Birth:</b>	<b>CHOOSE ONE:</b>	<b>Please list Instrument(s)</b>
		Color Guard	
		Band / Instrument: _____	
<b>First Name:</b>	<b>Grade:</b>	<b>Student Cell Number:</b>	
	<b>T-Shirt Size (Adult):</b>	<b>Complete Address:</b>	

**PARENT/GUARDIAN INFORMATION**

<b>Parent/Guardian #1 Name:</b>	<b>Complete Address:</b> <input type="checkbox"/> Same as above	<b>Parent/Guardian #1 Phone Number:</b>
		Number Receives Text Messages (Y or N)
<b>Parent/Guardian #1 Email Address:</b>		<b>Best time to call:</b>
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
<b>Parent/Guardian #2 Name:</b>	<b>Complete Address:</b> <input type="checkbox"/> Same as above	<b>Parent/Guardian #2 Phone Number:</b>
		Number Receives Text Messages (Y or N)
<b>Parent #2 Email Address:</b>		<b>Best time to call:</b>
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night

AREAS OF INTEREST Please check all			
TASK	Strong Interest	Medium Interest	Minimal to no interest
Chaperone			
Concession Stand			
Equipment			
Fundraising			

AREAS OF INTEREST Please check all			
TASK	Strong Interest	Medium Interest	Minimal to no interest
Officer/Chair Position			
Uniforms			
Prop Building			
Concert Set Up			

AREAS OF INTEREST Please check all			
TASK	Strong Interest	Medium Interest	Minimal to no interest
Event Set Up			
Rhythm & Blues Dinner			
Middle School Night			
Senior Night			
Golden Eagle Run			



## Naples High Band Program Emergency Information 2019-2020

(Please Print)

2019-20 Grade Level \_\_\_\_\_ Instrument/Section \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Wk # \_\_\_\_\_ Father's Wk # \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Please list 2 emergency contacts (relatives or neighbors):

1. _____	2. _____
Name	Name
Phone	Phone

Family Doctor _____	Hospital Preference _____
Name	Phone

Medication taken regularly \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Allergies \_\_\_\_\_ Is an EPI-PEN needed?      Yes      No

Does Child have Asthma?      Yes      No      Inhaler Type & Use \_\_\_\_\_

Does Child have Diabetes?      Yes      No      Special instructions \_\_\_\_\_

\_\_\_\_\_

Previous Concussions \_\_\_\_\_

Previous injuries, illnesses or other medical issues: (Please be specific) \_\_\_\_\_

\_\_\_\_\_

Previous Orthopedic Surgeries: \_\_\_\_\_

Collier County Public Schools, and the Naples High Band Boosters, Inc are not responsible for any medical bills or ambulance services due to an injury during sponsored activities, and/or events. If you don't have medical insurance, your child will not be allowed to participate until coverage is provided by the parents. School insurance / Athletic insurance is available for purchase. Forms are available at the athletic/activities office. In the event of serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the emergency contacts or Primary Care provider named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

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



**STUDENT TRAVEL AUTHORIZATION  
NHS Golden Eagle Band Program  
2019-2020**

I, the undersigned parent or legal guardian of \_\_\_\_\_,  
name of student

grant permission for my child/ward to travel to all 2019-2020 NHS Band Program Activities sponsored by Naples High School and/or the Naples High Band Boosters, Inc.

I understand the students are scheduled to depart and return to and from the school on the dates and times listed on the 2019-2020 Band Calendar found on the NHS Charms page and on the NHS Band Website at [www.napleshighband.com](http://www.napleshighband.com).

I understand, acknowledge, and agree that: The School Board of Collier County, Florida, Naples High School employees, Naples High School Band Boosters, Inc. band boosters, volunteers, chaperones, and appointees will provide for reasonable supervision of students within its care and control. The supervision will be consistent with that which is required by Collier County Public Schools for high school students, and relevant to the type of trip (day trip, overnight, extended, etc.) in which they are participating. However, the School Board, and/or the Naples High Band Boosters, Inc. are not an insurer of the safety of the students, nor can it supervise all movements of all students at all times. In addition, there are certain risks inherent in travel, and at the destination.

I further understand that The School Board of Collier County, Florida, Naples High School employees, Naples High School Band Boosters, Inc. band boosters, volunteers, chaperones, and appointees have no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child/ward.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name



**PHOTO-VIDEO-MEDIA RELEASE  
NHS Golden Eagle Band Program  
2019-2020**

Student Name:	
Parent/Guardian Name:	
Parent/Guardian Name:	

I hereby consent to having my child, or ward: interviewed, photographed, recorded on audiotape or videotape by the school district, school, or commercial, print, or television media for the reporting of programs taking place associated with the Naples High School Band with full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child/ward, the student named above, may be depicted and or/identified by one or more of the media.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, Naples High School employees, Naples High School Band Boosters, Inc. volunteers, and other appointees from any responsibility, and/or liability arising from the use of interviews, photographs, videotapes, sound recordings, and/or other images either of my child/ward or created by my child/ward or others.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



### Fair Share Agreement

As you are aware, a program of our success and magnitude could not exist without funding. Each family is assigned a "Fair Share" which is defined as the per student amount that is requested to cover the cost of the Naples High School Band Program.

The Fair Share amount for the 2019-2020 school year is \$300.00\*. This pertains to all Band students (Instrumentalists and Color Guard members). Parents and/or guardians may choose to cover the entire \$300 amount or elect to provide \$200 and volunteer 10 hours with our Band Booster Organization (your student must still complete his/her 4 hours in order to letter in Band which is separate and does not apply to the family volunteer hours). Naples High has some of the lowest fair share rates in the state as a result of our ability to staff the concession stands for all sports throughout the school year. The payment schedule is outlined below, however payments may be made in one lump sum if preferred:

Payments are due as follows:

- \$50 SPOT DEPOSIT – (Due May 21<sup>st</sup>, 2019) this guarantees a marching spot for your student and will be directly applied toward band fair share in August.
- \$200.00 or \$100 w/ signed volunteer agreement (below) by the first day of band camp on July 29<sup>th</sup>, 2019.
- The remaining balance of \$50.00 is due by August 30<sup>th</sup>, 2019.

*\* Note – Color guard uniforms and some equipment are purchased in addition to the fair share agreement amount above. Uniform payments are made with a deposit at fitting and the remaining balance upon uniform issuance.*

You can satisfy your Fair Share contribution by check, cash, **credit card** (NEW THIS YEAR), or PayPal. Please do not hesitate to contact the Band Booster Treasurer, Band Director, or any of the Band Booster Executive Board Members if you should have any questions or concerns relating to your Fair Share or your ability to meet the amount requested. It is crucial to the success of the program that you communicate any difficulty in the payment schedule to us as soon as it is identified. Please check the option that best suits your financial needs, and sign below. THANK YOU!

I understand and agree to the terms outlined above. Please make a selection below:

- \_\_\_\_\_ My family is able to meet the Fair Share Amount of \$300.
- \_\_\_\_\_ My family wishes to volunteer 10 hours and provide a \$200 Fair Share Amount.

Student Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

**State of Florida; County of Collier**

Signed and acknowledged before me on this the \_\_\_\_\_ day \_\_\_\_\_ of, 20\_\_\_\_\_.  
By \_\_\_\_\_, who is personally known to me ( ) Or who Produced as identification ( ):  
ID: \_\_\_\_\_

(stamp) Notary Signature \_\_\_\_\_

## Naples High Golden Eagle Band Program Handbook Acknowledgement

This page must be signed and returned to acknowledge your receipt of this handbook and your agreement to abide by the rules set forth in the handbook. By signing this form, you agree to be a responsible member of the Naples High School Band and contribute in a positive manner with the best interests of the Band Program in mind.

I have received a copy of the Naples High School Band Handbook (please check):

[        ] as a hard copy. [        ] as a digital file (.pdf).

I understand that, as a member of this organization, I have committed myself to participate and fulfill all necessary obligations and that I am bound by all rules regulations, and procedures as defined. I understand that if I violate any of these band program rules and/or policies, and/or any Naples High School rules/policies, and/or any Collier County Public School Code of Student Conduct rules/polices, I will be subject to consequence(s) determined by the Band Director which could include, but is not limited to, immediate removal from the band program, immediate removal from any band-sponsored trip(s) regardless of payment, and/or school disciplinary action. I have read and agree to abide by the rules of the Naples High School Band Handbook and any future revisions.

\_\_\_\_\_

Student I.D.#

\_\_\_\_\_

Student Name

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_