

2011-2012 SPRAYBERRY BAND

SBBA mailing address:
P.O. Box 671051
Marietta, GA 30066

STUDENT(S):

MONTHLY FUNDRAISING PLEDGE PAYMENT AGREEMENT

Circle appropriate pay schedule →	Marching & Concert Band	Concert Only	Marching Only		Today's Charges		
Registration	Please contact treasurer@sprayberryband.com for current payment schedule				Program Fees		
June 2011					Less: Discounts		
July					Uniforms/Accessories		
August					Banquet Tickets		
September					Stardust Tickets		
October					Less: FP balance		
November					Equipment Fee (\$35 for new Color Guard only)		
December					Spirit Shop (no FP)		
January 2012							
February							
March							
						Total Payment:	

I understand that my student's participation in the program is a privilege and that each parent and student must take personal responsibility to assist with the funding for the program to be successful. We agree to pay the above Pledge Payment amounts to the Sprayberry Band Boosters Association by the 20th in each respective calendar month. We understand that we can also meet some or all of each monthly Pledge Payment by actively participating in SBBA designated Pledge Fundraising activities and events. Payments can either be placed in the Black Box in the Band Room or mailed to the SBBA mailing address.

MONTHLY CREDIT/DEBIT CARD AGREEMENT – 5% DISCOUNT ON PROGRAM FEES (EXCLUDES UNIFORM FEE)

I/we hereby agree to pay the above amounts and authorize the Sprayberry Band Boosters Association, hereinafter called SBBA, to automatically initiate debit/credit entries to the credit/debit Card indicated below. I/we understand that the actual amount of the entry to my/our deposit account by SBBA in any specific month may differ from the amount indicated above based on other transactions recorded against the SBBA Member Account for the above student including SBBA receipt of other payments or credits and/or other approved charges. This authorization is to remain in full force until SBBA has received written notification of its termination from the person(s) signing below in such time and in such manner as to afford SBBA and Depository a reasonable opportunity to act on it. I/We further understand that if this authorization is terminated prior to March 31ST of the current school year or a monthly transaction is declined that I/we may incur additional charges to reimburse any direct monthly payment discounts previously applied to my/our account by the SBBA.

Type of Card: Visa MasterCard Discover WE DO NOT ACCEPT AMERICAN EXPRESS

Frequency and Day: One transaction per month on or after the 20th of the month

Name on Card: _____

Cardholder Billing Address: _____

Card Number: _____

Expiration Date: _____ Card Validation Code: _____

Signature Required:

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

ACCOUNTING USE ONLY:

CASH _____

CHECK _____

CR CD _____

FP _____



Student Information Sheet

Student Name _____

Grade _____ **Male/Female** _____

Program(s)
Circle all that apply marching concert color guard

Instrument _____

Address _____

E-mail _____

Home Phone _____

Cell Phone _____

Please indicate one e-mail address for monthly account statements. _____

Mother's Name _____

Address _____

Same as student _____

Account Billing? **E-mail** _____

Home Phone _____

Cell Phone _____

.....
Father's Name _____

Address _____

Same as student _____

Account Billing? **E-mail** _____

Home Phone _____

Cell Phone _____

.....
Alternate Contact Information (if applicable)



2011 - 2012 Sprayberry Band Program Student Contract

- I understand that being a member of the band program is a worthwhile activity; however, I should strive to do the best I possibly can in my academic work. This means I will budget my time so that I do not jeopardize my ability to participate in band and other extracurricular activities. I also understand that if I experience academic difficulties, I can speak to the band directors to get assistance.
- I understand that as a member of the Sprayberry Band Program, I will be held to the highest standard of discipline and behavior. Actions deemed detrimental to the band program will be subject to disciplinary actions, including dismissal from the program. These disciplinary actions will be determined by the band directors.
- I understand that my attendance at rehearsals, performances and group functions is expected at all times and is vital to the success of the entire group. If I must miss an event, I am required to let the band directors know, in writing, at least 2 weeks before the absence. In the case of a sudden emergency that demands an absence, I will make every effort to notify the band directors via phone or email as quickly as possible.
- I understand that it is vital that I am on time to all rehearsals. If I am going to be late for any reason I need to clear it with a band director prior to the tardiness. Excessive unexcused tardiness may also lead to discipline.
- I understand that I cannot practice or perform if I do not come to school that day, unless I check in before 11:30 AM or check out after 12:30 PM.
- I understand that being at school, even when sick, means that I will be at practice unless cleared by a band director prior to practice. Unexcused absences will be subject to discipline and will result in failure to perform. Multiple unexcused absences will result in dismissal from the band program. Excused and unexcused will be determined by the band directors.
- I understand that if I receive ISS or OSS I will be ineligible to practice or perform during the suspended time period. Additionally, I will not be able to perform until I adequately demonstrate proficiency of the material learned and practiced during the suspension time period. Multiple visits to ISS and OSS may result in dismissal from the band program at the band director's discretion.
- I understand that I am responsible for the care and maintenance of my uniform, instrument and accessories. It is my responsibility to keep track of each of these items, and ensure that each is in the best condition possible.
- I understand that, above all, I am an important and integral part of the success of the Sprayberry Band Program. I will work hard to be my best in the classroom, the band room, and the practice room, and will strive to bring pride to our program, our school and our community.

Having read the above conditions, I _____ agree with the commitment to the Sprayberry High School Band Program and will strive to do the best I can in maintaining the high standards expected of all students.

STUDENT SIGNATURE _____ DATE _____

As parent/guardian, I support the conditions set forth in this agreement.

PARENT SIGNATURE _____ DATE _____

Medical History Permission and Release Form

Form IFCB-5

Student Name _____ Age _____

Address _____ Zip _____

In case of an emergency, notify: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Additional contact person: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes _____

Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

ALLERGIES: Food _____

Penicillin or other drug (name) _____ Insect bites/stings _____

Poison Sumac, Oak or Ivy _____ Other _____

Previous operations or serious illnesses _____

Any current medications _____

Special Diet (name) _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Any medical needs which your child has, of which adult supervisors should be aware (if so, explain treatment):



PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

DATED _____

NOTARY _____

Signature of Parent/Guardian

5/12/04



“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL SPONSORED FIELD TRIPS

I hereby request that (Student’s Name-PLEASE PRINT): _____ be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Cobb County School District (District). In the event transportation is not provided by the District, transportation will be the student’s responsibility.

Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, should be given in writing to the parents at least two (2) weeks prior to each trip in the series.

The District does not or may not carry any insurance relative to the trip, including the cost of the trip, or for injuries to the student. I represent that the student has insurance either through the student accident insurance offered by the District or through my own insurance carrier.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless the Cobb County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors (“District Indemnitees”) from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student’s participation in the field trips, including but not limited to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student (PLEASE PRINT)

Signature of Student

Date

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

2/28/06

**SPRAYBERRY HIGH
SCHOOL BAND OF GOLD
PHOTOGRAPHY/VIDEO RELEASE**

Name_____

This document grants permission to the Sprayberry High School Band of Gold and the Sprayberry Band Boosters Association (SBBA) to publish photos or videos of my child, _____, in materials such as, but not limited to, the newsletter, brochures, posters, news releases, television, videos, website or any other advertising media to promote events, activities and achievements of the Sprayberry High School Marching Band, Guard, Winter Guard, Concert Bands, Jazz Band or other music group/activity sponsored by SBBA. I understand that photos and videos will not be used to identify my child except in a band electronic or printed newsletter or in newspaper, television, or video where acknowledgement of personal achievement is deemed necessary.

I understand that the SBBA will not be liable for any misuse of said photos and videos beyond their control.

PARENT/LEGAL GUARDIAN NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE