

**Apalachee Marching Band
CONSENT FORM**

Student Name _____ School Year: _____

Statements

Travel:	I hereby give my consent for my son/daughter to travel and participate in the Barrow County School Board approved functions/trips with the Apalachee High School Band during the school year listed at the top of this form.
Responsibility:	The Barrow County Board of Education, its members, employees and agents assume no responsibility for personal injuries and/or property damage which might be suffered by your child, his/her property, or the person or property of others during said function/trip. We hereby expressly release said Board of Education, its members, employees and agents from any and all liability relating to any such injuries or damages.
Discipline:	The Barrow County Board of Education's policies on Student Conduct and Discipline shall be in full force and effect as to all student participants in this function/trip at all times during the same, and any violation of any rule[s] contained therein by our child may result in appropriate disciplinary measures, including suspension and expulsion as provided in said policies.
Expenses:	The Barrow County Board of Education, its members, employees and agents are not responsible for any expenses related to this school function/trip except as otherwise specifically agreed by them in writing.
Participation:	The Barrow County Board of Education may require as a condition to our child's participation in this school function/trip that satisfactory evidence be submitted indicating that our child has sufficient medical insurance in effect during the period of said function/trip.
Medical: (This statement pertains to the medical form)	The information provided on the Medical Form is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Apalachee Marching Band or insurance company to release any information required to process my claims. I authorize Apalachee Marching Band to obtain necessary medical care for my child.
Handbook:	I understand that Marching Band is voluntary and subject to the policies in the Band Handbook. This book is located on the web at apalacheeband.org . I am responsible for knowing the content of this handbook.
Commitment:	I understand that I must attend all practices, pre-school camps, football games and marching festivals. That I must be enrolled in band class for the entire academic year. That I must follow all policies in the band handbook. Failure to meet these requirements can result in being removed from the marching band.
Finances:	I understand in order for my student to participate in marching band I must have paid all outstanding debts to the Band Boosters. I must make all payments in accordance with the plan I have selected. Failure to meet these obligations will result in my student being removed from the marching band and other sanctions as approved by the AHS administration.

Signatures

I have read and understand the above statements concerning policies pertaining to participation in Marching Band.

Students Signature:	Date:
Parent/Guardian Signature:	Date: