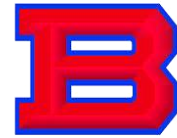


Bartlett High School Band

Membership Contract



2022-2023
FINANCIAL

Parent/guardian understands their responsibility to pay the contributions scheduled below, agrees to communicate with the booster treasurers if any delay in payment occurs, and acknowledges that the first deposit is required for their student to be considered for a spot in the marching band show and that all contributions are non-refundable.

- Fee Payment #1 \$200 Due **May 2, 2022**
- Fee Payment #2 \$200 Due **July 20, 2022**
- Fee Payment #3 \$200 Due **September 9, 2022**

ATTENDANCE

Parent/guardian has received the calendar and understands:

1. Attendance at band camp, all scheduled rehearsals, and performances is required.
2. 1 or more unexcused absences may result in student being placed on grade reduction, assignment to performance team, and eventually removal from the program.
3. Absences may only be excused under the following circumstances:
 - a. Serious personal illness - parent email required in advance*
 - b. Special and recognized religious holidays - parent email required in advance*
 - c. Once in a lifetime educational opportunities approved by the band director
 - d. Bonafide BHS Athletic Activities approved by the band director

TRAVEL

Parent/guardian grants their child permission to travel with the band to various band performances and functions. We understand all travel rules and procedures outlined in the band handbook.

HANDBOOK & REGISTRATION

Parent/guardian understands that this is a summary of our guidelines and that the full handbook is available online at <https://www.bartlettbandtn.org>. We agree to all conditions set forth in said handbook. We have also completed the registration form at <https://tinyurl.com/bartlettbandregistration2022>.

Student Name (Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Medical Release

Parent/Guardian 1: Name: _____ Relation: _____ Address: _____ Phone 1 : _____ Phone 2 : _____ Email: _____	Parent/Guardian 2: Name: _____ Relation: _____ Address: _____ Phone 1 : _____ Phone 2 : _____ Email: _____
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In case of Emergency, contact other than parent/guardians:

Name: _____ Phone: _____ Relation: _____

Student Physician: _____ Phone: _____

We do not have a family physician

Are there medical problems, allergies, or other information that would be helpful in providing a safe environment while your child participates in band activities and trips?

If Yes, these are the details: _____

List of ALL allergies: _____

Date of last Tetanus shot: _____

Medications currently in use: _____

Health Insurance Company: _____ Policy # _____

We do not have health insurance.

I give permission for the Bartlett Band Staff, Medical Staff, and/or Adult Chaperones to provide the following over the counter medications and/or services in case of injury or illness (check all that apply) :

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Aleve/Naproxen	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Lozenges	<input type="checkbox"/> Bee Sting Swab
<input type="checkbox"/> Decongestant	<input type="checkbox"/> Anti-Motion Aid	<input type="checkbox"/> First Aid/CPR	

By signing below, I agree to the terms set forth in the band handbook (online) and membership contract, agree to the conditions set forth for my financial obligations, and grant permission for this document and any other relevant information to be shared with Bartlett Band staff, adult volunteers, and medical volunteers.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Notary Name/Signature and Stamp: _____ Date: _____