

Veterans Memorial High School Band

Student Information Sheet

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

Student's Instrument \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Mother's Work Phone \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_

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

Father's Work Phone \_\_\_\_\_ Father's Call Number \_\_\_\_\_

# VETERANS MEMORIAL HIGH SCHOOL BAND TRAVEL PERMISSION FORM

I give my permission for \_\_\_\_\_ to travel to and from various band functions with the Veterans Memorial High School Band. I do hereby authorize an official of the Veterans Memorial High School Band Dept. as Temporary Custodian of the above-named minor to consent to any emergency treatment by a licensed physician, surgeon, or dentist, to any hospital care that may be rendered to said minor whether such diagnosis or treatment is rendered at the office of the physician, surgeon, dentist or at a licensed hospital.

I further agree to release the Temporary Custodian (Veterans Memorial High School) and hold him/her harmless from any damages or financial responsibilities that might arise from his/her consenting to any medical, dental, or hospital care rendered to the above-named minor. The above information is correct to the best of my knowledge.

I hereby give my informed consent for the above-mentioned student to participate in these activities.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent's/Guardian's Signature

If Parents/Guardian's cannot be reached, call:

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

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



**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**



No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

**NOTE:** An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: [www.uil.utexas.edu](http://www.uil.utexas.edu)

"We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations."

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

This form is to be kept on file by the local school district.



### Emergency Information Form

\_\_\_\_\_  
Last Name                                      First Name                                      ID#                                      DOB                                      Teacher/Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mother/Guardian                                      Home/Cell Number                                      Work Number

\_\_\_\_\_  
Father/Guardian                                      Home/Cell Number                                      Work Number

Insurance Company: \_\_\_\_\_

Type of Coverage: Basic (circle one): Yes No                                      Major Medical (circle one): Yes No

Deductible (optional): \_\_\_\_\_                                      Policy/Group Number (optional): \_\_\_\_\_

Contact Lenses (circle one): Yes No

1. Is your child currently taking any medications prescribed by a doctor (circle one)? Yes No If yes, please list medications and reasons for taking them. \_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any allergic reactions to any type of medication (circle one)? Yes No If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any type of medical condition for which we should be notified (circle one)? Yes No If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

### PARENT OF GUARDIAN'S PERMIT

*The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. Permission is hereby granted to the attending physician to proceed with any above named student. In the event of surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student will be given.*

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