

# PEARLAND I.S.D. – EMERGENCY INFORMATION CARD

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Circle Grade Entering (2009-2010) 9 - 10 - 11 - 12

School Attending (2009-2010) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Father's Work Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Alternate Emergency Contact \_\_\_\_\_

## Medical History

Please list any allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Please list Month and Year for Surgeries, Fractures, or other Chronic Problems (physical or emotional). You may attach a separate sheet as needed:

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Certificate Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

## OVER THE COUNTER ORAL MEDICATION CONSENT

		Yes	No
A. Electrolyte Drinks	Gatorade / Powerade	_____	_____
B. Anti-Inflammatory / Pain Medications	Ibuprofen (Advil)	_____	_____
C. Anti-Inflammatory / Pain Medications	Acetaminophen (Tylenol)	_____	_____
D. Antacids / Anti-Nausea	Maalox (Heartburn, Sour Stomach, and Acid Indigestion)	_____	_____
E. Antacids / Anti-Nausea	Pepto-Bismol (Heartburn, Nausea) CONTAINS ASPIRIN	_____	_____
F. Throat / Cough Lozenges	Cepacol (Temporary relief for sore throat)	_____	_____
G. Allergies	Benadryl (Allergic Reactions)	_____	_____
H. Medication(s) or Inhaler(s) prescribed by a Physician for your son/daughter		_____	_____

In case of ***injury or serious illness*** to my son/daughter, I hereby grant permission for a Physician, Athletic Trainer, Coach or school employee to secure medical services and/or administer any medications checked **YES** above.

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

**This form must be signed by both the student and parent/guardian and must be on file at the school before the student may participate in band trips and activities off campus.**

Student's Name	
Sex	Male                      Female
Date of Birth	
Current School	
Grade / Instrument	

**INFORMED CONSENT CLAUSE**

**I hereby give my consent for the above student to participate in Pearland I.S.D. approved activities and travel with the directors or other chaperones.**

**It is understood that even though band directors stress good safety techniques and training practices, the possibility of accidental or other physical injury still remains. Neither the Pearland I.S.D. nor their employees will be held responsible for any medical expense incurred by students as a result of their participation in school sponsored band activities.**

**If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of injury or sickness, I do hereby request, authorize and consent to such care and treatment, as may be given to said student by any physician, trainer, nurse, hospital, school representative or parent-chaperone; and I do hereby agree to indemnify and save harmless the school, any school representative or parent-chaperone from any claim by any person whomsoever on account of such care and treatment of said student.**

Name of Parent/Guardian	
Signature of Parent/Guardian	Date
Home Phone	
Business Phone	
Cell Phone	
Signature of Student	Date

**PHS TRIP PERMISSION FORM**  
**2009 - 2010**  
**To Be Completed By The Parent:**

I hereby give my child, \_\_\_\_\_, a member of the Pearland High School Band and Color Guard, permission to attend all scheduled activities for the 2009 - 2010 school year. I hereby give him/her permission to travel on school provided transportation for school sponsored trips with the band during the 2009 - 2010 school year.

I understand that Pearland ISD, its trustees, officers, employees, organization sponsors, and band directors are not liable for any accidents and injuries that may occur to the above named student as a result of his/her participation on any band trip. I agree to indemnify and hold harmless Pearland ISD for all claims made against Pearland ISD, its trustees, officers, employees and organization sponsors from any and all claims made by third parties, which may result from the above named student's actions while on any band trip. In consideration of the above named student being permitted to participate in these trips, I expressly waive claims to which I may otherwise be entitled, including, but not limited to claims for medical expenses and wages. I have read this travel permission agreement and understand all of its terms. I have executed it voluntarily and with full knowledge of its significance.

Parent/Guardian Printed Name

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Parent/Guardian Signature

Date \_\_\_\_\_

# PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT FORM 2009 – 2010

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
- Games, Marching Contests, Pep Rallies, Parades and Other Public Performances
- Instruction and Practice for Music Activities Other Than Marching Band and It's Components (such as Region Band Master Classes, Full Band Rehearsals covering "Concert" Music, etc.)

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 Printed Name \_\_\_\_\_

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

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

**PHS BAND HANDBOOK POLICY  
ACKNOWLEDGEMENTS  
2009 – 2010**

\_\_\_\_\_ I have read the entire PHS Oiler Band and Color Guard Parent Handbook and I am responsible for being aware and following all of its contents.

\_\_\_\_\_ I understand that the directors may adjust the rules, regulations, policies, and procedures listed in this handbook for the betterment, safety, growth, and needs of the entire organization. Written notice will be given to each student in the event any changes are made. It will be the student's responsibility to relay this information to their parent/guardian.

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

Student Printed Name \_\_\_\_\_

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

**PHS BAND BOOSTER  
DONATION FORM  
2009-2010**

**Conductor Level** **\$250.00**

With this support level you will receive a Band Decal, Show DVD, two Spring Banquet tickets, and one Band Booster Club polo shirt.

**Composer Level** **\$125.00**

With this support level you will receive a Band Decal, Show DVD, and two Spring Banquet Tickets.

**Concert Level** **\$50.00**

With this support level you will receive a Band Decal and Show DVD.

**Introductory Donation** **\$25.00**

With this support level you will receive a Band Decal.

**SPECIAL NOTE:** All aforementioned amounts are suggested donations. Persons are free to donate any amount they so choose. There is no fee requirement to become a member of the booster club.

PLEASE PRINT CLEARLY!!!

Parents' Names \_\_\_\_\_

Your Student's Name \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_

Make checks payable to PBBC (Pearland Band Booster Club)

**Please complete the following. You will be contacted for details if applicable.**

\_\_\_\_\_ **Check here if your employer has a Matching Gift Program**  
(Company matches some percent of charitable donations that employee makes.)

\_\_\_\_\_ **Check here if your employer has a Volunteer Incentive Program**  
(Company pays club for your volunteer hours.)

\_\_\_\_\_ **Check here if your employer supports charitable organizations when solicited by employees or charitable organization.**

# 2009-2010 PEARLAND BAND BOOSTER FORM

## Roster Information Sheet

Please **PRINT** the following information

<b>Student's Name</b>	
<b>Mother's Name</b>	
<b>Father's Name</b>	
<b>Street Address</b>	
<b>City, Zip Code</b>	
<b>Home Phone</b>	
<b>Student Phone</b>	
<b>Grade / Instrument</b>	
<b>Mom's Cell &amp; Work #'s</b>	
<b>Dad's Cell &amp; Work #'s</b>	
<b>Parent Email</b>	

I hereby give permission to have part of the above information released in the Pearland Band Roster and Band Directory.

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

I hereby give permission for my child's name and/or picture to be on the Pearland Band's website.

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

**\*\* New Students** need Band T-shirt (cost included in registration fee) and polo shirt (\$25). Please circle the sizes needed.

Band T-shirt: S M L XL XXL

Band Polo Shirt: S M L XL XXL

**\*\* Returning Students** will need only a Band T-shirt. If you need a new Band Polo Shirt, you must order it separately. Please circle the size needed.

Band T-shirt: S M L XL XXL

# PHOTO/VIDEO RELEASE FORM

From time to time, articles of general interest are published in local newspapers or newsletters, stories are broadcast on local television stations, and videotapes, brochures and pictorial displays are produced about the Pearland High School Band activities and contests. Photographs or video images of students, teachers, administrators and other staff are often featured in such communications.

The Pearland High School Band Boosters is a not-for-profit organization and as such is unable to pay individuals for use of their photographs or video images.

Your approval and signature below will allow us to use any and all photographs and videotapes of your child.

**This release will remain in effect through your student's senior year unless revoked.**

You must initial each category that you are approving for publication.

\_\_\_\_\_ Photo      \_\_\_\_\_ Photo with name      \_\_\_\_\_ Video

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Graduation Year

# PEARLAND HIGH SCHOOL BAND STUDENT INFORMATION

(Please fill in ALL information requested in print, making sure all information is legible)

1. Last Name: \_\_\_\_\_
2. First Name: \_\_\_\_\_
3. Student ID Number: \_\_\_\_\_
4. Street Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_
5. City: \_\_\_\_\_
6. State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Student Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_
8. Month / Day / Year of Birth: \_\_\_\_\_
9. Circle Appropriate Description:     MALE                             FEMALE
10. Mother's Biographical Information: (work address, or home address if different from student's home address)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
11. Father's Biographical Information: (work address, or home address if different from student's home address)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
12. Parent's Work/Cell/Pager Numbers:  
Father's (work): (    ) \_\_\_\_\_ - \_\_\_\_\_ (cell): (    ) \_\_\_\_\_ - \_\_\_\_\_ (pager): (    ) \_\_\_\_\_ - \_\_\_\_\_  
Mother's (work): (    ) \_\_\_\_\_ - \_\_\_\_\_ (cell): (    ) \_\_\_\_\_ - \_\_\_\_\_ (pager): (    ) \_\_\_\_\_ - \_\_\_\_\_
13. Parent's Occupation:  
Father: \_\_\_\_\_ Mother: \_\_\_\_\_
14. Student's grade level for the upcoming school year: \_\_\_\_\_
15. Student instrument/activity (i.e.: percussion, clarinet, color guard, etc.): \_\_\_\_\_

**There will be many communications via electronic mail sent out this year. Please complete the following as accurately as possible.**

16. Student's Email address: \_\_\_\_\_
17. Mother's Email address: \_\_\_\_\_  
Mother's Work Email address: \_\_\_\_\_
18. Father's Email address: \_\_\_\_\_  
Father's Work Email address: \_\_\_\_\_

**MAKE SURE ALL INFORMATION IS COMPLETE AND WRITTEN IN A LEGIBLE MANNER!**

# Private Lesson Intention Form

Name \_\_\_\_\_

Instrument \_\_\_\_\_

\_\_\_\_\_ I took private lessons last year and would like to take from the same teacher if possible.

My lesson teacher's name is \_\_\_\_\_.

\_\_\_\_\_ Yes, I am interested in taking private lessons through the school this year and understand, under normal circumstances, that private lessons are to be a year long commitment.

\_\_\_\_\_ Thanks, but I am already taking private lessons from someone off-campus.

My private lesson teacher's name is \_\_\_\_\_.

\_\_\_\_\_ No thanks, I do not play on a school owned instrument, nor am I a member of Honors band, and I am not interested in taking private lessons.

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

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

## UIL REGION 17

### CODE OF CONDUCT FOR ALL STUDENTS PARTICIPATING IN MUSIC ACTIVITIES

To provide for an appropriate educational environment and positive experience for performers, judges, directors, and audience members, the following code of conduct is adopted for UIL Music Region 17.

1. All directors who have students competing or observing music activities in Region 17 are directly responsible for the conduct of the students. Schools must provide a sufficient number of directors and chaperones to adequately supervise students.
2. All directors must attend all Region 17 activities in which they have students participating. In the case that illness or an emergency prohibits their attendance, a school official must accompany the students.
3. All participating groups should enter and exit the contest site in an orderly and quiet manner.
4. Appreciation for and respect for all performances and performers is mandatory for all participants and audience members. Audience members not in compliance with these guidelines will be asked to leave the performance hall.

All must follow the traditional rules of concert etiquette.

- Remain quiet, still, and attentive during the performance.
  - Turn off all cell phones, pagers, and other electronic devices.
  - Remain seated during the entire performance.
  - Enter and exit through the back of the auditorium.
  - Wait until applause begins to leave or return to a seat.
  - Babies and small children should not attend concert or sight-reading performances.
5. Video cameras and audio recording devices are not permitted in the sight-reading room.
  6. All schools with students participating in UIL Region 17 music activities are held responsible for any and all damages that may occur at the contest site.
    - Students identified in acts of vandalism or other inappropriate behavior will be removed immediately from the site and may, at the discretion of the Music Executive Committee, be disqualified from future participation in Region 17 UIL Music activities for a period of one to two years.
    - Upon identification of guilty students, a letter will be written to the principal of the school the student(s) attends with copies to the music supervisor, superintendent, and director of the organization detailing the extent of the infraction. An invoice for the cost to repair or replace any missing or damaged property will follow.
  7. It is the responsibility of all directors in Region 17 to notify their students and parents of these policies and penalties in advance of each event.

Please return this form signed and dated by the following parties:

Parent Signature: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Student Personality Profile

Name \_\_\_\_\_

Grade \_\_\_\_\_ Instrument \_\_\_\_\_

Birthday \_\_\_\_\_

## Academics

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Subject(s) I am strongest in:

Subject(s) I need help in:

[  ] I would like a tutor.

[  ] I would be happy to tutor other band students.

If so, Subjects I can tutor:

Sports I play:

Other extracurricular activities:

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## Favorites

Color: \_\_\_\_\_

Candy: \_\_\_\_\_

Animal: \_\_\_\_\_

Fruit: \_\_\_\_\_

Cereal: \_\_\_\_\_

Game: \_\_\_\_\_

Holiday: \_\_\_\_\_

Food: \_\_\_\_\_

TV show: \_\_\_\_\_

Cartoon: \_\_\_\_\_

Movie: \_\_\_\_\_

Band: \_\_\_\_\_