

# **MOUNT DORA HIGH SCHOOL BAND**

## **COMMITMENT FORM 2021-2022 SCHOOL YEAR**

All Band Members will pay the same fee . This includes Auxiliary(Guard), Percussion, Winds

**FAIR SHARE BAND FEE: \$250.00**

**First installment of \$100**

**Due by registration June 1st, 2021**

**Or by second registration July 1st, 2021**

**Remaining \$150 to be paid by the first day of school or in equal monthly installments of \$30.00 per month with the total balance due by December 1st, 2021**

There may be other apparel charges as needed by your child. Some Band members already have Dinkles from last year, for example, that can still be used.

**Personal apparel estimated costs:** Under Uniform of show shirt, cap, and shorts \$50, Dinkles (black marching shoes) \$30 - gloves \$5. Auxiliary will be responsible for gloves - \$20, Tights - \$20, and leotards - \$50.

There will be several fundraising opportunities provided to students to earn credit towards their Fair Share Fee balance.

We will also fundraise as a group for the general Band Fund since the Fair Share Fee does not cover the total annual budget for the Band and we wish to keep the individual Fee as low as possible. The Fair Share Fee in Mount Dora is currently one of the lowest in Lake County.

***Please sign and return this form along with the other registration documents and the initial investment of \$100 on no later than Please make all checks payable to: MDHS Band Boosters, Inc. You can also pay using PayPal through CHARMS. ALL students need to complete this packet. Medical forms only if necessary.***

***Band Fair Share fees are non-refundable***

### **Commitment**

My signature below indicates that I and my child are making the commitment to become a member of the Mount Dora High School Band Program for the **2021 - 2022** school year. I understand that there is a financial obligation as outlined above.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Parent Name (printed)

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

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

**LAKE COUNTY SCHOOLS**  
**FIELD TRIP/SCHOOL ACTIVITY**  
**PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE**

☐ OVERNIGHT  
☐ OUT-OF-STATE  
☐ OFF CAMPUS

Student \_\_\_\_\_ School Mount Dora High School  
Club/Group/Class Mount Dora Band and Guard Supervising Faculty Member Michael Uhrich  
Activity Various Location Various  
Date & Time of Departure \_\_\_\_\_ Date & Time of Return \_\_\_\_\_  
Method of Transportation : ☒ School Bus ☒ Charter Bus ☒ Private Car \_\_\_\_\_ Leased Vehicle \_\_\_\_\_ Walking \_\_\_\_\_ Other \_\_\_\_\_  
**MEDICAL INFORMATION**

Does your child have any of the following conditions?

Epilepsy/Seizures ☐ Yes ☐ No Motion Sickness ☐ Yes ☐ No Diabetes ☐ Yes ☐ No  
Any Medication ☐ Yes ☐ No Asthma/Wheezing ☐ Yes ☐ No Heart Disease ☐ Yes ☐ No  
Muscular/Skeletal Problems ☐ Yes ☐ No Hemophilia/Bleeding Disorders ☐ Yes ☐ No Allergies: \_\_\_\_\_

Is there any other condition which might possibly require treatment and/or medication during the trip? Yes ☐ No ☐ If yes, you must complete and attach the Administration of Non-Prescription Medication Consent Form and/or the Administration of Prescription Medication Consent Form.

**PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

I/We hereby give permission for my child to accompany employees of the LCSB, acting as chaperones, to \_\_\_\_\_ for the days indicated above. I/We will not hold the LCSB nor their agents or employees accompanying the group responsible for any accident or injury to my child/ward.

In the event my child/ward causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless the LCSB, its agents and employees.

I/We have read all the information in regards to this trip. I/we are aware of guidelines of said trip and the number of chaperones which will accompany my/our child/ward.

I/We hereby grant permission to the attending physician or his consulting physicians, to render to my/our child/ward any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child/ward. Also, when necessary for the administering of such care, I/we grant permission for hospitalization at an accredited hospital.

I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child/ward or my/our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.

I/We further agree to inform the appropriate school official(s) should my/our child/ward's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

I/We further relieve and release said LCSB from any liability in its failure to carry insurance upon my/our said child/ward.

Our/My child/ward has medical insurance ☐ Yes ☐ No If yes, you must complete and attach a copy of proof of insurance to this form.  
Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_ Parent/Guardian Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Home Address / City / Zip \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN ONLY IF CHILD/WARD IS GOING OUT-OF-STATE OR OVERNIGHT!**

\_\_\_\_\_  
(SIGN IN PRESENCE OF A NOTARY)

Parent/Guardian Signature \_\_\_\_\_

**NOTARY STATEMENT STATE OF FLORIDA, COUNTY OF LAKE**

On \_\_\_\_\_ before me personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal \_\_\_\_\_

One copy must be retained by the administration and a duplicate copy must accompany the sponsor when leaving school property with student

# LAKE COUNTY SCHOOLS

## ADMINISTRATION OF NON-PRESCRIPTION MEDICATION CONSENT FORM

Non-prescription medication may be administered at school by school personnel when such medication is necessary for school attendance and cannot otherwise be accomplished. The non-prescription medication may be administered for 3 days during school year. If a medication is necessary beyond the 3 days, the school will need a doctor's statement that this medication is necessary during school hours for the health needs of the student. Medication must be brought to school by parent/guardian in a sealed unopened container. A form must be completed for each medication administered.

Student School \_\_\_\_\_

Parent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name of non-prescription medication \_\_\_\_\_

Dosage to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

Purpose/reason for this medication \_\_\_\_\_

Special instructions on administration of medication (i.e. to be given after lunch, do not chew, to be given with food, etc.)

Reaction(s) that may occur \_\_\_\_\_

I request \_\_\_\_\_ to administer the above medication to my  
(Name of School)

child, \_\_\_\_\_ If parent cannot be reached and there are questions about this  
(Student's Name)

medication, you may contact \_\_\_\_\_  
(Doctor's Name and Number)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature Optional

\_\_\_\_\_  
Date

Doctor's Official Stamp

# LAKE COUNTY SCHOOLS

## ADMINISTRATION OF PRESCRIPTION MEDICATION CONSENT FORM

Medications must be brought to school by the parent; NEVER by the student. The medication must be presented to school personnel in the original container with a current date. Metered inhalers should have the label affixed to the inhaler for easy identification or must be in the original box with prescription label. The parent must give the first dose of prescription medication at home. Under no circumstances will the school accept more than a four-week (30 days) supply of prescription medication. Parents may request that the pharmacist dispense two labeled bottles for medication, one for home and the other for school.

Student School \_\_\_\_\_

Parent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

Date to start \_\_\_\_\_ Last date to be given \_\_\_\_\_

Please circle one:                      may                      may not                      carry and use the inhaler himself/herself.

Special instructions on administration of medication (i.e. to be given after lunch, do not chew, to be given with food, etc.)

\_\_\_\_\_

Reaction(s) that may occur \_\_\_\_\_

I request \_\_\_\_\_ to administer the above medication to my

(Name of School)

child, \_\_\_\_\_ If parent cannot be reached and there are questions about this

(Student's Name)

medication, you may contact \_\_\_\_\_

(Doctor's Name and Number)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

Doctor's Official Stamp

# MOUNT DORA HIGH SCHOOL BAND

## Student/Parent Information Form 2021 - 2022

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

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

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Student Cell Phone# \_\_\_\_\_

Parent Names:

Mom \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Dad \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Student Email: \_\_\_\_\_ @ \_\_\_\_\_

Mom Email: \_\_\_\_\_ @ \_\_\_\_\_

Dad Email: \_\_\_\_\_ @ \_\_\_\_\_

School Instrument Rental Needed: yes \_\_\_\_\_ no \_\_\_\_\_ \$50 Fee/year

Personal Instrument(s): \_\_\_\_\_

Instrument, Brand, Serial Number

Instrument, Brand, Serial Number

Emergency Contact: (other than parents) \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_