



# Concord High School Bands

## Travel Release Form

In consideration of our child being allowed to participate in the Concord High School Band program, for all band and band affiliated trips, sponsored by the Board of Education for Cabarrus County Schools and compliance with the cost of arrangements made for transportation, food, and lodging:

We, the undersigned, parents or guardians of our child \_\_\_\_\_ age \_\_\_\_\_, Hereby give our permission for our child to participate in all trips with any and all groups of the Concord High School Band Program in the 2018-2019 school year. This permission is granted with the full knowledge and understanding of the length of time to be spent away from home, the distance to be traveled, the normal routes of interstate, and the risks that accompany any such journey, and at times students might have to ride with designated parent chaperones in vehicles to and from band related events.

We, the undersigned, do hereby release and agree not to hold liable the Cabarrus County Schools, NC, the Board of Education for Cabarrus County Schools, Its officers, agents, and employees, Concord High School, its administration and employees, and the Concord High School Band Boosters, its officers, agents, and employees, and any designated Concord High School Band parent chaperone drive from any and all actions, causes of actions, claims for delays in travel, personal injuries or death sustained by our child while participating in the aforesaid trip. We, the undersigned, agree to indemnify, hold and save harmless the Cabarrus County and the Board of Education of Cabarrus County Schools, its officers, agents, and employees, Concord High School, its administration and employees, and the Concord High School Band Boosters, its officers, agents, and employees, and any designated Concord High School Band parent chaperone driver from any and all actions, causes of actions, liability, action claim, damage award or judgment incurred or suffered by the its individual officers, agents, or employees as a result of any act or omission by our child or caused by our child while participating in the aforesaid trips.

We understand that all rules and regulations of Concord High School and the Board of Education of Cabarrus County Schools as well as all band rules will be enforced. We fully understand that failure to comply with these rules may result in being sent home immediately at the parent's expense and disciplinary action will then be taken by the school administration.

**Student signature:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Emergency phone number:** (\_\_\_\_) \_\_\_\_\_

**Parent work phone:** (\_\_\_\_) \_\_\_\_\_ **Home phone:** (\_\_\_\_) \_\_\_\_\_

**Notary Public of North Carolina:** \_\_\_\_\_

**County:** \_\_\_\_\_

**My commission expires:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Seal:**



# Concord High School Bands

## Medical Release Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers where Parents can be reached:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specify any medical conditions of which an attending physician should be aware:

### Insurance Information:

Name of Policy Holder: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Consent:

If deemed necessary by school officials during a function of the Concord High School Band, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations, and immunizations for the above named student. In the event of serious illness, the need for major 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. If said physician is not able to communicate with me, the treatment necessary for the best interest of the student may be given.

### Permission to Medicate

Permission for Over-the-Counter Medications provided by a trained medical professional, either at a competition or game site, by a paramedic or at a physician/nurse at the attended hospital: I give my permission for the medical professional to administer each of the following medications that I have initialed.

Medication	Initial	Medication	Initial	Medication	Initial
Tylenol		Aspirin		Ibuprofen	
Aleve		Midol		Cough Drops	
Sinus / Allergy		Antibacterial Ointment		Benadryl	
Immodium		Pepto- Bismol		Tums / Roloids	

### Permission of Prescription and All Other Over-the Counter Medications

Any Over-the Counter medication not on the previously mentioned list must have a physician order and be in their original, unopened container with original label listing the ingredients. The student's name must be written on the container.

All Prescription medications must be in the original pharmacy-labeled container and must have a physician order. I give my permission for the self-administration of prescription and all other Over-the Counter Medications to my child.

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

Notary Public of North Carolina: \_\_\_\_\_

County: \_\_\_\_\_

My Commission Expires \_\_\_ / \_\_\_ / \_\_\_ Seal

Attach copy of Insurance Card



## Concord High School Bands

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### OPTION #1

### FAIR SHARE FOR MARCHING BAND SEASON, 2018

Student's Name: \_\_\_\_\_, Parent's Name: \_\_\_\_\_

- I choose to pay my Student's Fair Share of \$500.00 in full on \_\_\_\_\_.
- I further understand that there are **NO REFUNDS**. Parent's Initial, \_\_\_\_\_.

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

Notary Public of North Carolina: \_\_\_\_\_

County: \_\_\_\_\_

My Commission Expires \_\_\_ / \_\_\_ / \_\_\_ Seal

ATTACH COPY OF CHECK.



# Concord High School Bands

## OPTION #2

### FAIR SHARE PAYMENT PLAN FOR MARCHING BAND, 2018

I choose to pay my Student's Fair Share of \$500.00 in 4 equal payments of \$125.00 each.

- The first payment of \$125.00 will be paid on or before April 17, 2018.  
Parent's initial, \_\_\_\_\_.
- The second payment of \$125.00 will be paid on or before May 17, 2018.  
Parent's initial, \_\_\_\_\_.
- The third payment of \$125.00 will be paid on or before June 17, 2018.  
Parent's Initial, \_\_\_\_\_.
- The fourth and final payment of \$125.00 will be paid on or before July 17, 2018. Parent's Initial, \_\_\_\_\_.

I, (print) \_\_\_\_\_, the parent or guardian of  
 (print) \_\_\_\_\_, agree to make the payments presented to me above and understand that without a payment being made that my student will not be allowed to participate in the Concord High School Bands Program. I also understand that as of April 17, 2018 that I am committing to paying the full amount of Student Fair Share fees (\$500.00) under the provided payment plan. I understand that if at any time, my student decides to not participate in the 2018 Band Program of Concord High School, the unpaid balance is still to be paid in full. Parent's initial, \_\_\_\_\_. I further understand that there are **NO REFUNDS**. Parent's Initial, \_\_\_\_\_. I understand that all unpaid balances will be recorded onto my student's school account until paid in full. I fully understand that nonpayment will prevent my student from participating in other extracurricular activities, such as but not limited to; sports, field trips, senior trips, prom, senior graduation, etc.. Parent's Initial, \_\_\_\_\_.

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

Notary Public of North Carolina: \_\_\_\_\_

County: \_\_\_\_\_

My Commission Expires \_\_\_ / \_\_\_ / \_\_\_ Seal

ATTACH COPY OF FIRST PAYMENT \_\_\_\_\_ WITNESS INITIALS

ATTACH COPY OF SECOND PAYMENT \_\_\_\_\_ WITNESS INITIALS

ATTACH COPY OF THIRD PAYMENT \_\_\_\_\_ WITNESS INITIALS

ATTACH COPY OF FOURTH PAYMENT \_\_\_\_\_ WITNESS INITIALS



## Concord High School Bands

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### OPTION #3

#### FAIR SHARE PAYMENT PLAN INCLUDING SERVING OPPORTUNITIES

The Concord High Bands Program is dedicated to creating many opportunities for families to earn “Fair Share” funding in order to lower the out of pocket expenses for families. A family can earn funding through the sales of Band Booster Board approved items and by working approved Band Booster Board “Fair Share Hours”. In some cases, and pending upon the age of your student, each family member can earn hourly, “Fair Share Compensation” that is applied directly towards your student’s Fair Share account. These funds are to be used to lower the cost of band fees only. It is understood that these funds raised are **NOT REFUNDABLE** under any circumstances. Parent’s Initials \_\_\_\_\_

These Fair Share opportunities may include and may not be limited to:

- Working hours at the Charlotte Motor Speedway twice a year.
- Working hours at the Arena twice a year.
- Selling Chocolate bars.
- Selling Raffle Tickets.
- Selling Sundrop.
- Serving at other opportunities to be determined.

The advantage of the “Fair Share Opportunities” are;

- These opportunities open the door for the entire family to work to earn “Fair Share Funding” for your student’s account.
- The earning possibilities are solely up to you.
- With enough family support, the possibility of earning enough funds to cover all Fair Share Fees is a great possibility.
- Working “Fair Share Hours” limits the amount of “out of pocket” expenses.
- It builds friendships with other Band Families.
- Builds positive relationships with other Band Families.

How do we participate in “Fair Share Opportunities”?

- Available hours will be posted; you must sign up in order to participate.
- You must be present for the hours you have signed up for. If you sign up and do not attend, you will be pushing someone else out of earning “Fair Share Funds”.
- You must provide your own transportation to and from the event or arrange transportation with a responsible party.

Here is how it will work for the 2018 Season.

- Your First “Fair Share Payment” of \$200.00 in cash or Fair Share Hours, is due by June 1, 2018. I, and/or my 16-year-old or older student, will work at the Charlotte Motor Speedway for “Fair Share Hours” and earn funding towards our first “Fair Share” account payment. Sundrop sales will also be available coming soon.

Parent’s Initials \_\_\_\_\_

- Your Second Payment of \$100.00 in cash or “Fair Share” is due July 1, 2018.

Parent’s Initials \_\_\_\_\_

- Your Third Payment of \$100.00 in cash or “Fair Share” is due August 1, 2018.

Parent’s Initials \_\_\_\_\_

- Your Fourth and final payment of \$100.00 in cash or “Fair Share” is due September 1, 2018.

Parent’s Initials \_\_\_\_\_

It is understood that this is a payment plan. It is understood that the payments listed above will be due regardless if the “Fair Share Fundraising Opportunities” are available or not available. Sometimes circumstances beyond our control will determine if a “Fair Share Opportunity” is available or not. Sometimes slots are limited at events outside of our control. As a parent, I do understand that my payment is due at the dates listed above.

Parent’s Initials \_\_\_\_\_

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

Notary Public of North Carolina: \_\_\_\_\_

County: \_\_\_\_\_

My Commission Expires \_\_\_ / \_\_\_ / \_\_\_ Seal

**First Payment Made: June 1, 2018**

Cash amount \_\_\_\_\_, Date \_\_\_\_\_

Fair Share amount earned and event served: \_\_\_\_\_, Date \_\_\_\_\_

Witness \_\_\_\_\_

Copy of First Payment is attached: \_\_\_\_\_, Date: \_\_\_\_\_

**Second Payment Made: July 1, 2018**

Cash amount \_\_\_\_\_, Date \_\_\_\_\_

Fair Share amount earned and event served: \_\_\_\_\_, Date \_\_\_\_\_

Witness \_\_\_\_\_

Copy of Second Payment is attached: \_\_\_\_\_, Date: \_\_\_\_\_

**Third Payment Made: August 1, 2018**

Cash amount \_\_\_\_\_, Date \_\_\_\_\_

Fair Share amount earned and event served: \_\_\_\_\_, Date \_\_\_\_\_

Witness \_\_\_\_\_

Copy of Third Payment is attached: \_\_\_\_\_, Date: \_\_\_\_\_

**Fourth and Final Payment Made: September 1, 2018**

Cash amount \_\_\_\_\_, Date \_\_\_\_\_

Fair Share amount earned and event served: \_\_\_\_\_, Date \_\_\_\_\_

Witness \_\_\_\_\_

Copy of Fourth Payment is attached: \_\_\_\_\_, Date: \_\_\_\_\_