

Student First Name		Student Last Name	
LISD Student ID #			

**The Lakeview Middle School Band
2011 – 2012 Student Member & Parent Information**

*The student and parent information can be entered on charms (www.charmsoffice.com)
This information is for LVMS Band use only and will not be shared with outside sources.*

All phone, e-mail and U.S. mail contact will be to the parent (s) listed below.

Student Home Address: _____ Apt# _____
 City, State, ZIP: _____
 Student's Home Phone: () - _____
 Student's Cell Phone: () - _____
 Student's E-mail Address: _____ @ _____ . _____
Instrument(s): _____

Parent 1 Name: _____
 Home Address
 (if different from above): _____ Apt# _____
 Home Phone: () - _____
 Cell Phone: () - _____
 Work Phone: () - _____ ext _____
 E-mail Address: _____ @ _____ . _____

Parent 2 Name: _____
 Home Address
 (if different from above): _____ Apt# _____
 Home Phone: () - _____
 Cell Phone: () - _____
 Work Phone: () - _____ ext _____
 E-mail Address: _____ @ _____ . _____

TEMPORARY MEDICAL GUARDIANSHIP

TO WHOM IT MAY CONCERN:

I (we) the undersigned _____, are the natural parents
or legal guardians of _____ . During our absence

he/she has been placed in the temporary care of the **Lakeview Middle School Band Staff** who is/are
empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or
illness involving our child or children. It is my (our) intention that this statement serves as authorization for such
medical care to be administered during the following period of time:

Beginning Date 9-2-11 through the Ending Date 9-1-12

In the event that further medical consultation is required, the physicians who have most recently examined the
child/children are:

_____ Phone: _____

_____ Phone: _____

Child's Name: _____ DOB: _____

Last Tetanus Vaccine : _____

List of Known Allergies: Drugs: _____ Foods _____

Previous Diagnoses and History ___ Convulsions ___ Kidney Ailment ___ Diabetes
___ Asthma ___ Bronchitis ___ Heart Ailments ___ Tuberculosis ___ Epilepsy

List all other medical conditions, history of surgeries, and serious injuries: _____

List Names and Doses of all regular medications: _____

Insurance Information (optional but recommended) _____

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the
parent/legal guardian cannot be reached:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent/Legal Guardian: _____ Signature _____

Parent/Legal Guardian: _____ Signature _____

Emergency Contact Dates, Location and Number for Parents _____

Extracurricular Code of Conduct

If I am selected to represent _____ School in its extracurricular program, I will be sincerely interested in contributing my best effort to the success of the program. I therefore agree to the following expectations and consequences as they pertain to out of school and after hours behavior while a member of an extracurricular group. It should be noted that the LISD student code of conduct and local school policies regarding appropriate behavior shall always be applied first and foremost when violations occur at school, at a contest/event, traveling to and from an event/contest, or when the students represent themselves as part of a school team, organization, or school group. Participation in extracurricular activities is considered a privilege and, certainly, higher standards are expected from all participants as it pertains to grades, behavior in and out of school, attendance, work ethic, and commitment.

The following restrictions refer to **any amount** of alcohol, drugs, or tobacco **off campus**.

- I. Use and/or possession of Alcohol will not be tolerated. 1st offense: Removed from competition for two contests and/or performances. School staff counseling required.
2nd offense: Removed from competition for a semester. School staff counseling required.
3rd offense: In the event of a third violation of these rules, the student will no longer be permitted to participate in competitive extracurricular activities for the remainder of the student's enrollment in the District.
- II. Use and/or possession of Drugs will not be tolerated. 1st offense: Removed from competition for three contests. School staff counseling required.
2nd offense: Removed from competition for a semester. School staff counseling required.
3rd offense: In the event of a third violation of these rules, the student will no longer be permitted to participate in competitive extracurricular activities for the remainder of the student's enrollment in the District.
- III. Use and/or possession of Tobacco will not be tolerated. 1st offense: Suspension from one contest and/or performance.
2nd offense: Removed from the program for a semester.
3rd offense: Removed from the program for one calendar year from date of infraction.
- IV. Hazing
(as defined by Board Policy FNCC Legal) 1st offense: Removal from the program for no less than 30 days and up to 90 days with reinstatement to the program at the Sponsor/Coach and Administrator discretion.
2nd offense: Removal from the program for no less than 90 days and up to one calendar year. Reinstatement to the program will take place only at the Sponsor/Coach and Administrator approval.
- V. Charged with a felony involving bodily harm
Adjudication and/or Conviction of a felony Removed from the program until the case is decided.
Removed from the program indefinitely.

- *****1. Once a participant has been removed from the program, the Sponsor/Coach and /or Administrator has the right to review the case and make a decision as to whether to allow the participant back into the program after the 90 day suspension.
- 2. A semester is considered to be 90 days.
 - 3. Infractions **will not** accrue from year to year. Infractions **will be** tabulated for one calendar year beginning August 1 and ending July 31. Penalty can carry over from term to term until time is served.
 - 4. These violations have to be (a) witnessed by District personnel (b) ticketed by law enforcement (c) or admitted to by the participant.
 - 5. You are expected to follow the code of ethical behavior both on and off campus.

VI. Additional expectations for extracurricular activities: failure to meet these expectations will result in counseling by the coach or sponsor, or some form of punishment or suspension.

- A. Conduct: We expect you to conduct yourself as ladies/gentlemen at all times. Follow school rules and procedures.
- B. Attendance: Do not cut class. Do not be tardy. If you miss an athletic period or participation be sure it cannot be helped. Your commitment may include holidays and non-school days. Call the coach or sponsor if you are absent from an athletic period.
- C. Profanity: We do not allow it.
- D. Injury: We have a professional trainer who has been educated in training procedures. If you have an injury, see the trainers first. They will either treat the injury or tell you to see your doctor.
- E. Grades: We expect you to work and maintain good grades.
- F. Promptness: Always be on time, to practice, meetings, and games.
- G. Equipment and facilities: Be responsible and take care of both.
- H. Respect for coaches and teachers: Treat them with respect and in return you will be treated with respect.
- I. Stealing: Taking things that do not belong to you will result in severe consequences.
- J. Accountability: You will be held accountable for all of your actions. Be sure you “think” before you “act”.

*Due process procedures will be in accordance with LISD Board Policies: FOC (Local),FOA (Legal), FOC(Legal), FOD(Legal), and FOD(Local).

I have received a copy of the Extracurricular Code of Conduct and understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code.

Name of Student (Please print)

Signature of Student

Signature of Parent/Guardian

Date _____ School _____ Grade Level _____

Student First Name		Student Last Name	
		LISD Student ID #	

The Colony Band Booster Club 2011 – 2012 LVMS Band Fees

Students must be in good standing with payment of band fees to participate with the band during non-performance/fun trips.

BAND FEES

Beginning Band Fee – (6th graders) includes t-shirt, TCBBC service fee, contest fees, band sheet music, theory book, transportation fees and class supplies. \$45.00

Symphonic Band/Wind Ensemble Fee – (Most 7th and 8th graders) includes t-shirt, TCBBC service fee, contest fees, clinician fees, and class supplies. \$79.00

Student T-Shirt Size – (use adult sizes S, M, L, XL, and XXL) _____

Optional Purchases

Please complete all size requirements.

Band Hoodie- Black					QTY						
Adult Sizes:					\$25		=	\$.00		
S	M	L	XL	XXL							
Additional Band T-Shirt											
Adult Sizes:											
S	M	L	XL	XXL	\$10 each x		=	\$.00		
Window Decal											
<i>Please see back for more details</i>					\$10 (add \$1 each for personalization) each x				=	\$.00
Indicate personalization here ⇌											
TOTAL FOR BAND ACCESSORIES (Line B)									\$.00	
We will not include optional purchases on vendor order without full payment of band fees .									\$.00	

Band Fees due September 2, 2011	\$.00
Band Optional Purchases Amount Due (Line B)	\$.00
TOTAL (Fees + Line B)	\$.00

PAYMENT TOTAL \$ **.00**
Date _____

Credit Card _____

Check # _____

Cash – Receipt # _____

Make payable to TCBBC

If paying partial payment of band fees, Signature of Parent/Guardian acknowledging that Band Fee Payment Contract (Form #5) will be completed in lieu of Band Fees (Form #4)

Band Booster Decals 2011-12



ALL Bands
Band-01



TCHS Band
Band-02



Lakeview Band
Band-03



Colorguard
Band-04



Drum Major
Band-05



Griffin Band
Band-06



**Trombone
NAME**

All Band-Trombone
Band-07



NAME

All Band – Bassoon
Band-08



NAME

All Band – Clarinet
Band-09



NAME

All Band – Fr. Horn
Band-10



NAME

All Band-Trumpet
Band-11



NAME

All Band – Flute
Band-12



NAME

All Band – Bass Drum
Band-13



NAME

All Band-Snare Drum
Band-14



NAME

All Band -Sousaphone
Band-15

All Decals are approx. 5" x 6" and are \$ 10.00 each or \$ 11.00 each with personalization.

All Decals are available for any school in White or Cougar Gold, with or without Personalization.

Don't see your instrument? No problem, just write it in the description and we will design it for you! Got another idea for a decal? Call us and we will design it!

Jeffware
An Eye For Design

4913 Womack Cir. The Colony, Texas 75056

www.jeffware.com 214-763-6688

Call us for all your School Spirit needs....custom t- shirts, sweatshirts, and more!

Student First Name _____ **Student Last Name** _____

**2011 – 2012 The Colony Band Booster Club
 LVMS Band Fee Payment Contract**

*****OPTIONAL*****

Band Fees due as of September 2, 2011 (Form 4)	\$	<u>.00</u>
½ of the Band Fees due September 2, 2011	\$	<u>.00</u>
¼ of the Band Fees due October 3, 2011	\$	<u>.00</u>
¼ of the Band Fees due November 4, 2011	\$	<u>.00</u>

- I agree to pay the Band Fees on the schedule above.
- I understand that a late fee of \$20.00 will be applied to my account if the Balance is not paid in full by November 11, 2011.
- I understand that a \$20.00 late fee will be applied each month thereafter on the first of the month (starting in December) until all Band Fees are paid in full.
- I acknowledge that no verbal amendments to this agreement have been made and that any changes to this agreement must be made in writing and must be agreed to by both parties.

By signing below, I understand that the payment schedule listed above constitutes a binding agreement with The Colony Band Booster Club.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

TCBBC Officer Signature: _____ Date: _____

TCBBC Officer Name: _____
(please print)

If these arrangements cannot be met, you must contact the Head Director and TCBBC President to work out other arrangements.

2011 – 2012 LVMS Private Lesson Preference

Private lessons allow a student to have Individualized instructional time with a professional musician on their specific instrument. While it is not mandatory to study privately, lessons generally improve the performance level of the student and have a positive effect on their band experience.

Payments for private lessons will be made directly to the teacher. If enrolled, students have one lesson each week.

- Private Lesson Costs: \$15.00 for a lesson during the school day
\$18.00 for a 30-minute lesson scheduled either before or after school
- **Need-based half-tuition scholarships are available.** Please contact Mr. Anderson if you would like an application.

_____ **STUDENT'S NAME**

_____ **INSTRUMENT**

❖ Please choose only one of the following boxes to fill-in your request, sign and return this form to a band director.

_____ I want to sign my child up for private lessons! Please have the instructor for my child's instrument contact me:

(Parent's information)

Preferred Phone: _____

Alternate Phone: _____

E-mail: _____

OR

_____ My child is not interested in private lessons at this time.

_____ **PARENT / GUARDIAN'S SIGNATURE**

Band Handbook Acceptance

Students:

I have read the Lakeview Band Handbook and understand that I am responsible for the rules, policies, and disclosures of the handbook. I will do my best to uphold the standards and principles of the Lakeview Band and fulfill my commitment to the Lakeview Band.

Student Name: _____

Student Signature: _____ **Date:** _____

Parents:

_____ I give permission for my child's picture within the band group picture to be placed in recruiting publications and on the band website. (please initial)

_____ I give permission for my child's name to appear in band publications, such as (but not limited to) concert programs. (please initial)

I have read the Lakeview Band Handbook and understand that I am responsible for the rules, policies, and disclosures of the handbook. I will do my best to uphold the standards and principles of the Lakeview Band and fulfill my commitment to the Lakeview Band.

Parent /Guardian Name: _____

Parent /Guardian Signature: _____ **Date:** _____