FALLBROOK WARRIOR MUSIC BAND BOOSTERS

26-27 Student and Parent/Guardian Information

Check All that Apply: ☐ New ☐ Returning

☐ Marching Band ☐ Guard ☐ Concert Band

Student Information

First Name _____ Last Name _____

Preferred nickname _____ ☐ M ☐ F ☐ NB Date of Birth _____

Student Cell Number _____ Grade in Fall _____ Home Phone Number _____

Student Email _____

XS S M L **XL 2XL 3XL**

Adult T-Shirt Size (CIRCLE ONE)

PARENT / GUARDIAN INFO

Parent / Guardian #1 _____

Cell Ph _____ Relationship _____

Home Ph _____

Email _____

Mailing Address _____

Student's primary address _____ Yes _____ No

Contact Language _____ English _____ Spanish

Parent / Guardian #2 _____

Cell Ph _____ Relationship _____

Home Ph _____

Email _____

Mailing Address _____

Student's primary address _____ Yes _____ No

Contact Language _____ English _____ Spanish

ROSTER LISTING & MEDIA RELEASE

YES NO May the boosters include the parent/guardian's contact information for Booster Communications?

YES NO May the Band Boosters and/or Band Director use student's name and/or picture in the district publication, related media, social media, web sites, promotional pictures/videos, and roster related information?

_____ _____ _____

SIGNATURE PARENT / GUARDIAN (PRINT NAME) DATE

FALLBROOK WARRIOR MUSIC
BAND BOOSTERS

26-27 Información del Estudiante y Padre/Tutor

Maque Todo lo que Corresponda : ☐ Nuevo/a ☐ Regresando

☐ Banda de Marcha ☐ Guardia ☐ Banda de Concierto

Información del Estudiante

Nombre _____ Apellido _____

Sobrenombre Preferido _____ ☐ M ☐ F ☐ NB Fecha de Nacimiento _____

Numero de Celular _____ Grado en Otoño _____ Número de Teléfono de Casa _____

Correo Electrónico del Estudiante _____

XS S M L XL 2XL 3XL

Talla de Camiseta de Adulto (CIRCULA UNO)

INFORMACIÓN DE PADRES/TUTORES

Padre/Tutor #1 _____

Celular _____ Relacion _____

Telefono de Casa _____

Correo Electronico _____

Direccion _____

Dirección Principal del Estudiante _____ Si _____ No

Idioma de Contacto _____ Ingles _____ Espanol

Padre/Tutor #2 _____

Celular _____ Relacion _____

Telefono de Casa _____

Correo Electronico _____

Direccion _____

Dirección Principal del Estudiante _____ Si _____ No

Idioma de Contacto _____ Ingles _____ Espanol

LISTADO DE LISTAS Y COMUNICADO DE PRENSA

SI NO Pueden los Band Boosters incluir la información de contacto del padre/tutor para Booster communications?

SI NO Pueden los Band Boosters y/o el Director de la Banda usar el nombre y/o la imagen del estudiante en la publicación del distrito, medios relacionados, redes sociales, sitios web, fotos/videos promocionales e información relacionada con la lista?

_____ _____ _____

FIRMA PADRE/TUTOR (IMPRIMIR NOMBRE) FECHA

FALLBROOK WARRIOR MUSIC BAND BOOSTERS

Marching Band & Color Guard
Field & Winter Seasons Cost & Funding

Fallbrook Union High School Marching Band activities are primarily funded by the parent-run, non-profit Fallbrook Band Boosters, Inc. which finances the cost of competitions, coaches, equipment and general organization involved in support of the activities.

NO student will be denied participation due to financial hardship, and no coercion of payment is made by the Fallbrook Band Boosters Inc. Families and students are encouraged and given the opportunity to fundraise the necessary contributions to support these activities. Parents/guardians/students are encouraged to volunteer at Fundraising Events to help offset costs.

Suggested Contributions

Activity	Amount	Payment	Due Date
Band Camp	**$100**	**$100**	**July 28**
Marching Band/Guard	**$750**	**$250**	**Sept 1**
		$250	**Oct 1**
		$250	**Nov 1**
Winter Drumline/Guard	**$450**	**$200**	**Dec 1**
		$200	**Jan 1**
		$50	**Feb 1**

*Consider a monthly donation that fits your budget if the above options do not.

venmo

Suggested contributions can be made via Venmo, Cash or Check (Payable to: Fallbrook Band Boosters)

@FHSWarriorMusic

Scan to join the parent Band App group. Stay up to date with information on schedules, competitions, volunteer opportunities, and more!

FALLBROOK WARRIOR MUSIC BAND BOOSTERS

Banda de Marcha y Guardia
Costos y financiación

Las actividades de Fallbrook High School Banda de Marcha y Guardia están financiadas principalmente por Fallbrook Band Boosters, Inc., una organización sin fines de lucro administrada por padres, que financia el costo de las competencias, los entrenadores, el equipo y la organización general que participa en el apoyo de las actividades.

A NINGÚN estudiante se le negara la participación debido a dificultades financieras, y Fallbrook Band Boosters, Inc., no coacciona el pago. Se alienta a las familias y los estudiantes y se les brinda la oportunidad de recaudar fondos para las contribuciones necesarias para apoyar estas actividades. Se anima a los padres/tutores/estudiantes a ser voluntarios en eventos de recaudación de fondos para ayudar a compensar los costos.

Contribución Sugerida

Actividad	Cantidad	Pago	Fecha de Vencimiento
Campamento de la Banda	**$100**	**$100**	**28 de Julio**
Banda de Marcha/Guardia	**$750**	**$250**	**1 de Septiembre**
		$250	**1 de Octubre**
		$250	**1 de Noviembre**
Guardia/Linea de Tambores de Invierno	**$450**	**$200**	**1 de Diciembre**
		$200	**1 de Enero**
		$50	**1 de Febrero**

*Considere una donación mensual que se ajuste a su presupuesto si las opciones anteriores no lo hacen.

venmo

Las contribuciones sugeridas se pueden realizar a través de Venmo, en efectivo o cheque (A nombre de: Fallbrook Band Boosters)
@FHSWarriorMusic

Escanea para unirte al grupo de padres en la aplicación Band. ¡Mantente al día con información sobre horarios, competencias, oportunidades de voluntariado y más!

CONFIDENTIAL

Fallbrook Union High School District

MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY

This form is provided to the coach and will be taken with the team wherever they travel. Please fill out completely and be specific. This form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at the parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization. An authorization with a physician's signature must be attached if the athlete takes any prescription medication.

Student Name:	Sport(s):
Parent/Guardian Name:	Graduating Year:
Address:	City/Zip:
Home Phone:	Mother cell: Mother work:
	Father cell: Father work:

IN CASE OF EMERGENCY, A REPRESENTATIVE OF THE FUHSD ATHLETIC DEPARTMENT HAS THE AUTHORITY TO SECURE MEDICAL, OR SURGICAL TREATMENT AND TRANSPORT AS NECESSARY, EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY PERSONS LISTED BELOW

Family Doctor:	Dr. Phone #:
Emergency Person to Contact:	Phone #:
Relationship to Student:	
Emergency Person to Contact:	Phone #:
Relationship to Student:	

List all information helpful to a physician in case of emergency including information which school staff and chaperones need to be aware of regarding the student's safety. Updated information shall be provided by the parent/guardian

MEDICAL PROBLEMS (diabetes, asthma, seizures)	TREATMENT:
ALLERGIES (food, bee stings, medications)	TREATMENT:

SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL SPONSORED ACTIVITIES

MEDICATION: Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician. If prescription or non-prescription medication is necessary, an AUTHORIZATION FOR MEDICATION ADMINISTRATION must be attached. I understand that staff/chaperones may assist my student in taking the medicine(s) as directed by my physician. I will provide the medicine (s) in the prescription container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed. I agree to hold harmless and indemnify the Fallbrook Unified High School District, its officers, employees, agents or chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

I UNDERSTAND THAT BY SIGNING THIS FORM:

1.I give permission for my son or daughter to participate in Fallbrook Unified High School District athletics.

2. I give permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.

3. I release the Fallbrook Union High School District, its officers, employees, agents and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.

4. I am aware that injuries may occur to the athlete while participating in interscholastic athletics. I have been advised of this danger.

_____ _____

Name of Insurance Company Insurance Policy/Group number

X_____ _____ X_____ _____

Parent/Guardian Signature **Date** **Parent/Guardian Signature** **Date**