



# WILDCAT BAND STUDENT / PARENT CONTRACT (2023)

(BOTH student and parent/guardian must sign this form for student eligibility)

**Student's Name** (please print): \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Permission for Use of Photographs (please check one):**

- I grant permission** for my child's photograph to be taken during band events and used for publicity purposes by the MHS Band Department and/or Wildcat Band Boosters. This may include use in school district publications, public newspapers, flyers, newsletters, and the Wildcat Band Website.
- I DO NOT** grant permission for my child's photograph to be used for publicity purposes by the MHS Band Department with the exception of a full group photo providing a great degree of student anonymity.

I, \_\_\_\_\_, the parent/guardian of the above-mentioned student, agree and support the contents of the MHS Band Handbook. I have reviewed the policies within the Handbook with my child and agree to help them to be a contributing member of the Mesquite Band Program. I confirm that I am the parent/guardian of the student named herein.

<p><i>Parent/Guardian Signature</i></p>	<p><i>Date</i></p>
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I, \_\_\_\_\_, the student, understand my responsibilities to act in a safe, disciplined manner, following the procedures which are described to me by the sponsors (i.e. directors, instructors, and band parents/chaperones). I also realize that failure to comply with the rules and/or safety procedures may result in my removal from the activity and/or disciplinary action. I will participate in all activities and follow all rules as described by the sponsors. I have read and understand the policies and procedures in the MHS Band Handbook and the expectations that are upon me as a member of this organization. I agree to follow these policies and understand that my actions affect all other band members. I agree to be a contributing member of the Mesquite High School Band Program.

<p><i>Student Signature</i></p>	<p><i>Date</i></p>
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**COMPLETE AND RETURN TO THE MHS BAND OFFICE**

# INTENT FORM

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Student Name: \_\_\_\_\_ Class: Freshman Soph. Junior Senior

Student ID Number: \_\_\_\_\_ T-Shirt Size (Mens): S M L XL XXL  
(circle one)

Marching Instrument: \_\_\_\_\_ Concert Instrument: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Do you plan to play a fall sport? Yes No If yes, which one? \_\_\_\_\_

I have read and understand the guidelines set forth in this form. I realize that being in the MHS Marching Band means that I am expected to attend all events related to the Marching Band. I am ready to commit to the Mesquite High School Wildcat Marching Band.

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

## FIELD TRIPS

The Marching Band will travel to some away games, competitions (in AZ and out of state), Mesquite Junior HS, and local elementary schools during the fall. Transportation for these events will be by school bus, activity bus, district van, or commercial carrier. Field Trip Permission Forms will be provided for each event and must be completed and returned in order for students to participate.

## STUDENT AGREEMENT

While participating in band field trips, I will accept my responsibility for maintaining good conduct and appearance, and I will follow directions at all times. I will make arrangements to make up all missed school work.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Signature)

## PARENT PERMISSION

I give permission for my child to participate in all marching band related field trips. I understand that the school will provide supervision for the trips.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's or Guardian's Signature)



# MHS BAND MEDICAL/EMERGENCY CONTACT (2023)



This form will be used in conjunction with the official GPS field trip form for away events, and will be brought to all events by the Director/Boosters. **Please print clearly.**

STUDENT INFORMATION	
FULL NAME: _____	
CELL PHONE: _____	STUDENT ID NUMBER: _____
MEDICAL CONCERNS (please include allergies, dietary needs, asthma, seizures, etc.): _____ _____	

PRIMARY EMERGENCY CONTACT	
NAME: _____	
PHONE #1: _____	PHONE #2: _____

SECONDARY EMERGENCY CONTACT	
NAME: _____	
PHONE #1: _____	PHONE #2: _____

I understand that the Director/Boosters will attempt to contact me for injury, illness, or emergencies and that I will be responsible for picking up my child immediately from the event, including those away from campus. Further, I understand that the Director/Boosters will call 911 for an ambulance if needed (emergency or if unable to pick up child) to transport my child to the nearest medical emergency facility. All costs associated with transportation or medical care will be the responsibility of the student's parent/guardian.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my child permission to receive acetaminophen (Tylenol)/and or ibuprofen (Advil) from a Booster while at band events (none will be given within 2 hours of child leaving home, or 2 hours of expected arrival at home).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If my child will need to be given medication(s) while away. I understand I must provide original RX package and complete the GPS required forms.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medication	Date/Dose/Booster Initials	Medication	Date/Dose/Booster Initials



# GPS ACTIVITIES CLEARANCE FORM

**INSTRUCTIONS:** The student and parent/guardian must read, complete, sign and return this form before the student will be permitted to begin participation in extracurricular activities. The student and parent/guardian should not sign this form if they have any questions regarding its content, or if they have any questions regarding health risks and safety practices. If you have any questions, please contact the activities office at your school.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ School: \_\_\_\_\_

**As a student and as the parent/guardian of the student, we acknowledge the following:**

1. **Insurance Needs:** We are aware that Gilbert Public Schools does not provide accident or health insurance coverage for students participating in activities. We understand that each school has information regarding a company that offers student accident and health insurance and we have independently determined whether we should obtain, at our cost, such insurance.
2. **Health Risks and Safety Practices:** We are aware and have considered the health risks associated with participation in school activities. We are aware of the safety practices which require the student to:
  - Participate in physical conditioning in preparation for participation in school activities.
  - Maintain proper hydration (water intake).
  - Advise the instructor or director of any signs of illness or physical injury.
3. **Harassment/Hazing:** Abusive or humiliating harassment or hazing is strictly prohibited within Gilbert Public Schools. These are unacceptable practices in any athletic, extracurricular, or academic endeavor. Students who engage in any type of harassment and/or hazing can expect to be disciplined under the Gilbert Public Schools "Code of Conduct" for student behavior. I understand the letter and spirit of the information printed above and will not be involved in any type of harassment and/or hazing. REF Board Policy JB, JJIB-RA, JICFA
4. **State and School District Academic Requirements:** The academic policy shall apply to all students who choose to participate in interscholastic programs.
  - A. Every 4 ½ weeks the District will check the student progress to determine eligibility.
  - B. Students must meet the State requirement of passing all classes. An "F" grade, an "I" grade or a "U" grade will constitute a failure to meet the eligibility requirements.
  - C. Students must meet the District requirement of a 2.0 G.P.A. for the current grading period.
  - D. Students must be enrolled in a minimum of five (5) classes (exception: seniors on track for graduation may take four with administrator's approval). REF Board Policy JJJ, A.A.C. R7-2-808
5. **Sportsmanship and Conduct Standards:** Gilbert Public Schools regards its athletic programs and activities as a means of educating students in values of discipline, teamwork, and respect for rules. The district has adopted a code of conduct that applies to all students participating in extracurricular activities. Schools and their extracurricular programs are authorized to adopt additional rules when necessary. Parents and spectators are also required to act in an appropriate manner during all events. Violation of a conduct standard may result in disciplinary action, including dismissal from further participation by the student or future attendance by a spectator. REF Board Policy JJIB-RA, AIA Policy 16.3
6. **Photo Use:** I give permission for the school district to use photos taken from extracurricular activities for the purpose of being displayed on the district and school web pages.

- 7. **Fees:** In order to offset costs, fees may be assessed for some extracurricular activities. This fee may be in the form of a course fee or a participation fee. If the fee creates an economic hardship, please contact the appropriate coach, director or sponsor of the activity. REF Board Policy JJIB
  
- 8. **Release and Discharge of Liability:** I hereby release and discharge employees, agents, instructors, coaches, volunteers, and directors of the Gilbert Public Schools from any and all liability, claims, or causes of action resulting in any kind of damages, illness, or injuries to the student in any way related to or arising from participation in extracurricular activities.

**By signing this form, I have read and understand the foregoing acknowledgements.**

Student: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## GILBERT PUBLIC SCHOOLS-- HEALTH HISTORY FOR ACTIVITIES

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL: \_\_\_\_\_ ID# \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES:** Identify any extracurricular activity in which you wish your child to participate:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Chess         | <input type="checkbox"/> Choir            | <input type="checkbox"/> Concert Band  | <input type="checkbox"/> Drum Line     |
| <input type="checkbox"/> FFA           | <input type="checkbox"/> JROTC            | <input type="checkbox"/> Marching Band | <input type="checkbox"/> Orchestra     |
| <input type="checkbox"/> Speech/Debate | <input type="checkbox"/> Strings Ensemble | <input type="checkbox"/> Theatre       | <input type="checkbox"/> Wind Ensemble |
| <input type="checkbox"/> Winter Guard  | <input type="checkbox"/> Other _____      |  |  |

### HEALTH HISTORY TO BE COMPLETED BY PARENT

**Has your child ever had: (please check)**

	YES	NO		YES	NO
Allergies/Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/Concussion	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problem/Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleeds/Frequent or Severe	<input type="checkbox"/>	<input type="checkbox"/>
Bladder/Kidney Problem	<input type="checkbox"/>	<input type="checkbox"/>	Ankle Injury	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Back Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Fracture-Dislocation Bones	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Knee Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Ear Problems/Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems/Vision Loss	<input type="checkbox"/>	<input type="checkbox"/>	Nose Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Injury to the Spleen	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Sprain/Ligament Tear	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Has your child been unconscious or lost memory due to a head injury?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Does your child have any of the following?</b>	YES	NO
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- |   |                          |                          |
|---|--------------------------|--------------------------|
| One eye or severe uncorrectable loss of vision in one or both eyes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe hearing loss in both ears.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| One kidney.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been ill for five (5) consecutive days?.....             | <input type="checkbox"/> | <input type="checkbox"/> |

History Continued Student Name: \_\_\_\_\_

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital either as a patient overnight or in the emergency room or for x-rays; or required an operation?..... YES NO

If so, Explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child under medical care now?.....

If so, Explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child taken any medication in the past year?.....

If so, Explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medications currently?.....

If so, Explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever fainted during exercise?.....

If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Has there ever been **sudden cardiac death** of any family member under fifty (50) years of age?.....

If so, Explain: \_\_\_\_\_  
\_\_\_\_\_

Since your child's last physical examination, has your child had any injury or illnesses?.....

If so, Explain: \_\_\_\_\_  
\_\_\_\_\_

Student will carry an inhaler for known asthma?

Student will carry Glucagon for known diabetes?

Student with diabetes will bring quick sugars to practice, try-outs, and games?

Student will carry Epinephrine Injector for severe allergies?

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



# GPS Activity Medical/Emergency Form

Name: \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                    Last                      First                      Middle

School: \_\_\_\_\_ Grade: \_\_\_\_\_ ID# \_\_\_\_\_

## PARENT / LEGAL GUARDIAN INFORMATION

Contact #1: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Contact #3: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Contact #4: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

## CONSENT FOR INJURY EVALUATION, TREATMENT and EMERGENCY CARE

**BE IT KNOWN** that in the event I cannot be reached immediately, I, the undersigned parent or guardian of the student named above, do hereby give and grant unto any licensed medical personnel or hospital, my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said medical professional or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above indicated school.

**IT IS HEREBY** understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

**IT IS FURTHER** understood that any expenses incurred will be paid for by insurance of the parent of the student. Payment of the expense is not a school responsibility.

Yes, I give my consent       No, I do not give my consent

## CONSENT TO PARTICIPATE

Chess \_\_\_\_\_      Choir \_\_\_\_\_      Concert Band \_\_\_\_\_      Drum Line \_\_\_\_\_  
FFA \_\_\_\_\_      JROTC \_\_\_\_\_      Marching Band \_\_\_\_\_      Orchestra \_\_\_\_\_  
Speech/Debate \_\_\_\_\_      Strings Ensemble \_\_\_\_\_      Theatre \_\_\_\_\_      Wind Ensemble \_\_\_\_\_  
Winter Guard \_\_\_\_\_      Other \_\_\_\_\_

I give my permission for him/her to travel with the coach or other representative of the school on any authorized trips. I agree to assume responsibility for the return of all equipment issued by the school to the above named student at the end of the activity. I consent to the release of student directory information as it applies to school related activities.

I give my permission for \_\_\_\_\_ to participate in organized interscholastic activities, realizing that such activity involves the potential for injury. I acknowledge that even with the best instruction, use of the most advanced protective equipment, and strict observances of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis, traumatic brain injury, or even death.

I acknowledge that I have read and understand this warning. I acknowledge that I have read and understand the above consent for medical/emergency care.

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

# DOMICILE STATEMENT MUST COMPLETE THIS FORM IN ITS ENTIRETY!

## SECTION ONE:

I currently live in the high school attendance zone checked below:  
(please check one)

Campo Verde  Desert Ridge  Gilbert  GCA  Highland  Mesquite  Other

## SECTION TWO:

List all schools, including City/State, that you have attended:

9th Grade: \_\_\_\_\_ 11th Grade: \_\_\_\_\_

10th Grade: \_\_\_\_\_ 12th Grade: \_\_\_\_\_

Did you participate in any sports while at these schools? \_\_\_\_\_ If yes, please state what sports and grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION THREE:

Who did you live with when you attended your previous school:

\_\_\_\_\_ Parent/Guardian (Guardian must be court-appointed. If not court-appointed, please call and make an appointment to meet with the Athletic Director.)

\_\_\_\_\_ Relative other than parent/guardian: \_\_\_\_\_

\_\_\_\_\_ Other--Relationship to this person: \_\_\_\_\_

Who do you live with now:

\_\_\_\_\_ Parent/Guardian (Guardian must be court-appointed. If not court-appointed, please call and make an appointment to meet with the Athletic Director.)

\_\_\_\_\_ Relative other than parent/guardian: \_\_\_\_\_

\_\_\_\_\_ Other--Relationship to this person: \_\_\_\_\_

Parent/Guardian Signature

Date

Student Signature

Date