



# Forms Information

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All forms are required to be renewed each year. These forms will be part of your students' grade and due:  
**THURSDAY AUGUST 27<sup>TH</sup>**

## INSTRUCTIONS

Please fill out each form fully and electronically to the best of your ability.

- Print form once completed electronically
- Sign and date all forms
- Turn in all forms to band director in physical hard copy; or
  - You may re-scan your forms and email to [tbwhaley@interact.ccsd.net](mailto:tbwhaley@interact.ccsd.net)

## BAND REGISTRATION

Don't forget to complete your band registration for the 2015-2016 school year. Registration requires both student and parent participation. You can find the link to the Registration on our website on the Home Page in the Quick Links section, or by following the link below.

Follow the link: <http://goo.gl/forms/PiZixu9hoi>

## SUMMER FUNDRAISING

Veteran members and rookie members who participated in summer fundraising such as working in the fireworks booth or participated in car washes can find their surplus or balance amounts by checking out our Accounts Google Doc located on the Marching Band Page of the website, or by following the link below. Make sure you are on the "Student Data Tab" and find Column G, "Current Account Balance".

Follow the link:

<https://docs.google.com/spreadsheets/d/1dQboVAWo7YqfpUiP59JuJyAxdbqekAgeLjN9wA5bc-0/edit?usp=sharing>

## REQUIRED FORMS

Required forms will be used as a grade in the student's grade book.

- Band Registration
- Pay Sheet
- Field Trip Permit
- Publicity Permit
- Medical Permission Form

## NON-REQUIRED FORMS

- Payment Plan Contract (*only used if payment cannot be made on 8/7/15*)
- CCSd Instrument Usage Form (*only for students who use a school instrument*)
- Chaperone Form (*only used if parent would like to chaperone on a trip*)

## QUESTIONS

- Please call the band office at (702) 799-2270 and leave a message
- Email (best) [tbwhaley@interact.ccsd.net](mailto:tbwhaley@interact.ccsd.net)

## CLARK COUNTY SCHOOL DISTRICT FIELD TRIP PERMIT

Last Name of Pupil \_\_\_\_\_ First Name \_\_\_\_\_

I request that my child be allowed to participate in an authorized Clark County School District Field Trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperon will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs during the trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

Emergency Phone and Name: \_\_\_\_\_

Please note any medical information which would be of help: (i.e., allergies, medications to avoid, current medications, etc.)

I do not wish my child to take part in the school field trips.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

100



## CLARK COUNTY SCHOOL DISTRICT PERMISO PARA EXCURSION

Apellido del Alumno \_\_\_\_\_ Nombre \_\_\_\_\_

Deseo que mi hijo/a participe en excursiones autorizadas por el Distrito Escolar del Condado de Clark. Tengo entendido que una persona adulta responsable supervisará a mi hijo/a mientras este fuera de la escuela, y se tomarán las medidas necesarias para ofrecer protección en contra de daños y perjuicios.

Tengo entendido que esta es una actividad supervisada. Para mantener el orden, los alumnos deben cumplir con el reglamento y las instrucciones de conducta que se impongan. En caso de que mi hijo/a no obedezca los reglamentos y resulte en cualquier incidente, renuncio y cedo todas las reclamaciones en contra de empleados del Distrito Escolar del Condado de Clark o sus representantes. Si mi hijo/a rehúsa obedecer o su comportamiento es deficiente, participación en futuras actividades no se autorizarán.

En caso de que mi hijo/a sufra un accidente y se lastime durante la excursión, tengo entendido que la persona responsable por el/ella conseguirá atención médica inmediatamente y que la escuela me notificará tan pronto sea posible así como yo soy responsable por los gastos médicos incurridos. Además, no haré responsable al Distrito Escolar del Condado de Clark o a sus representantes si mi hijo/a sufre algún accidente o enfermedad causada por negligencia de personas ajenas al Distrito Escolar del Condado de Clark.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

Teléfono de su Casa: \_\_\_\_\_

Teléfono del Trabajo: \_\_\_\_\_

Teléfono de Emergencia y Nombre: \_\_\_\_\_

Por favor indique información que nos pueda ayudar: (i.e., alergias, medicamentos que debemos evitar, medicamentos que se estén tomando, etc.)

No deseo que mi hijo/a participe en excursiones escolares.

\_\_\_\_\_  
Firma del Padre o Tutor

\_\_\_\_\_  
Fecha

100

**CLARK COUNTY SCHOOL DISTRICT  
PUBLICITY PERMIT**

Last Name of Pupil \_\_\_\_\_ First Name \_\_\_\_\_

Dear Parents:

Throughout the school term, we are asked to take part in local publicity releases by way of pictures, newspaper articles, websites, radio time, television and/or video. If you do, or do not, want your child's picture or name to be used in such publicity releases, indicate your desire below.

\_\_\_\_\_ I see no objection to my child having his or her picture and/or name used in connection with the public relations program of the District or school of attendance.

\_\_\_\_\_ I object to my child having his or her picture and/or name used in connection with the public relations program of the District or school of attendance.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature (Both Parents, Please)

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**DISTRITO ESCOLAR DEL CONDADO DE CLARK  
PERMISO DE PUBLICIDAD**

Apellido del Estudiante \_\_\_\_\_ Nombre \_\_\_\_\_

Estimados Padres:

Durante el año escolar, nos piden que participemos en actividades para publicidad local por medio de fotografías, en la red de internet, artículos en el periódico, programación de radio, televisión y/o video. Si usted desea o no desea que la fotografía o nombre de su hijo(a) sea utilizado en actividades de publicidad, indique su preferencia a continuación.

\_\_\_\_\_ No tengo inconveniente para que la fotografía y/o nombre de mi hijo(a) sea utilizado en relación al programa de relaciones públicas del distrito escolar y/o de la escuela a la que asiste.

\_\_\_\_\_ Me opongo que la fotografía y/o nombre de mi hijo(a) sea utilizado en relación al programa de relaciones públicas del distrito escolar y/o de la escuela a la que asiste.

Fecha \_\_\_\_\_

\_\_\_\_\_  
Firma Del Padre o Tutor

\_\_\_\_\_  
Firma (Ambos Padres)

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**MEDICAL PERMISSION FORM**

(Please print or type)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Last First MIAddress: \_\_\_\_\_ Sex: \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Number & Street City State ZIP**EMERGENCY INFORMATION**

Parents' Name(s): \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Emergency Contact (if parents cannot be reached): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Who is responsible for medical payments? ☐ Insurance ☐ Individual**IF INSURED**, Medical Insurance Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_Address: \_\_\_\_\_  
Number & Street City State ZIP

Name of Insured: \_\_\_\_\_ SSN of Insured: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**NOTE: Please attach a copy of the insurance card and driver's license of the primary insured person.****BRIEF MEDICAL HISTORY**

Special Health Concerns (allergies, etc.): \_\_\_\_\_

Allergic to any medications? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

**NOTE: If you are taking medication regularly, please bring a supply in a labeled container.**

Asthma:	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication: _____
Diabetes:	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication: _____
Epilepsy:	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication: _____
Heart:	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication: _____

Should activity be restricted? ☐ yes ☐ no If yes, please explain: \_\_\_\_\_

Are there any prescription or non-prescription drugs that should NOT be administered? \_\_\_\_\_

The trip advisor(s) may provide my child with: ☐ Tylenol ☐ Advil ☐ Either ☐ Neither

*I, the parent or legal guardian of \_\_\_\_\_ (my child), authorize and direct the Clark County School District to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.*

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

Revised 7/9/15



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

Instrument \_\_\_\_\_

Grade Level \_\_\_\_\_

Date \_\_\_\_\_

## 2015 Band Payment Sheet

A typical high school band spends between \$20K to \$80K a year to provide a well rounded, competitive, and modern education for their students. The Liberty High School Band program prides itself on all of its competitive achievements in Marching Band, Concert Band, Winter Drumline, and Winter Guard. In recent history, the Sound of Liberty Marching Band has won their class over 7 times, earned Superior Ratings with the Concert Band and provides a Winter Drumline and Winter Guard in order to allow more opportunities for the students.

Let it be known that the director tries to keep the costs as low as possible, but also tries to provide adequate opportunities to the students. **Payments are due on August 9<sup>th</sup>.** But we understand that may not be possible. A downloadable Payment Plan Sheet is available on the Marching Band page of our website.

### **Band Fair Share Fee – required of all marching band members**

**\$200 Total**

Class Fee – <i>Music copies, contest fees, truck rentals, admin fees, drill</i>	\$40 <i>per class (\$120 total)</i>
Cleaning Kit – <i>Provided to all WW and Brass members</i>	\$15
Supply Fee – <i>Plastic Reed (WW), BERP (brass), 1 pair of sticks &amp; mallets (perc)</i>	\$25
Staff Fee – <i>Pays for instructional staff for the marching band</i>	\$30
Miscellaneous Supplies – <i>Batteries, cords, cart parts, etc...</i>	\$10

### **Color Guard Fair Share Fee – required of all color guard members**

**\$300 Total**

Class Fee	\$40
Shoes	\$30
Warm up Jacket (\$40), Gloves (\$5) – included!	\$45
Show Flags for Show	\$85
Staff Fee	\$30
Extraneous Items (nuts, bolts, tape, poles, caps)	\$20

### **Ala Carte Items – order as needed**

2015 Marching Band Shirt      Male Cut \_\_\_\_\_ Female Cut \_\_\_\_\_      \$15ea.      Total \_\_\_\_\_

Sizes & Quantity      XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL(+ \$2) \_\_\_\_\_ 4XL(+ \$2) \_\_\_\_\_

Gloves      Winds x2 \_\_\_\_\_ Guard x1 \_\_\_\_\_      \$5      Total \_\_\_\_\_

Sizes & Quantity      XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_

Pep Band Jacket      \$40ea.      Total \_\_\_\_\_

Sizes & Quantity      XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL(+ \$2) \_\_\_\_\_ 4XL(+ \$2) \_\_\_\_\_

Name on Jacket 1 (15 characters max) \_\_\_\_\_

Name on Jacket 2(if app.) \_\_\_\_\_

Shoes      Size \_\_\_\_\_      Mens \_\_\_\_\_      Womens \_\_\_\_\_      \$30ea.      Total \_\_\_\_\_

School Instrument Cleaning Fee      \$50ea.      Total \_\_\_\_\_

Korg TM-50 Tuner/Metronome      \$30ea.      Total \_\_\_\_\_

Stick Bag (percussion)      \$25ea.      Total \_\_\_\_\_

Double Sided Practice Pad (percussion)      \$30ea.      Total \_\_\_\_\_

**Due on 8/7/15**

TOTAL 2015 \_\_\_\_\_ (fair share) + \_\_\_\_\_ (ala carte items) = \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_ (fees from above) - \_\_\_\_\_ (current account balance) = \_\_\_\_\_ (Grand Total)

# Payment Plan Contract

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

I, \_\_\_\_\_ agree to make payments on the specified dates and the agreed amount stated on the payment schedule below. I agree to pay my balance in full.

Total amount owed      \$      \_\_\_\_\_ (Beginning Balance)

[illegible]

**Clark County School District  
Secondary Fine Arts**

## AGREEMENT FOR USE OF MUSICAL INSTRUMENT

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

Agreement between the Clark County School District and:

_____	_____	_____
Name (Parent or Guardian)	Student	Phone
_____		_____
Address	Age	Grade

The District agrees to allow the use of the following described instrument:

_____	_____	_____	_____
Instrument	Make	Serial Number	School Number

together with the following accessories:

Condition of Instrument:

☐**NEW**☐**GOOD**☐**FAIR**

Special Notations on Condition:

Said parent and student agree that:

1. The student will practice diligently according to the instruction of the music teacher.
2. The student will refrain from using the instrument in organizations not under the supervision of the Clark County Schools.
3. The parent and student will be personally responsible for any loss or damage to this instrument while in the student's care and agree to immediately reimburse the district for repair or the fair market value of the instrument if it is lost or damaged.
4. The parent and student will return this instrument upon request of the music teacher, cleaned, and in good playing condition (ordinary wear and depreciation excepted).

\_\_\_\_\_

School

\_\_\_\_\_

Parent's or Guardian's Name (please print)

\_\_\_\_\_

School Representative's Name

\_\_\_\_\_

Parent's or Guardian's Signature

\_\_\_\_\_

Date Returned

\_\_\_\_\_

Student's Name (please print)

# Clark County School District Chaperone Liability Release Form

If completing form by hand, please print legibly and use blue ink.

Organizing School: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Name of Group: \_\_\_\_\_ Group Advisor: \_\_\_\_\_  
Trip Origination: \_\_\_\_\_ Trip Destination: \_\_\_\_\_  
Beginning Date:  Ending Date:  Mode(s) of Transportation: \_\_\_\_\_  
Description of Activities: \_\_\_\_\_ \*Attach copy of trip itinerary to form with specifics.

Chaperone Name: \_\_\_\_\_ Date of Birth:  ☐ Male ☐ Female

\*Chaperones for elementary school day trips must be at least 18 years of age. Chaperones for middle/junior high, high school, and overnight trips must be 21 years of age or older.

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers license #: \_\_\_\_\_ DL Expiration: \_\_\_\_\_ ☐ Nevada Issued ☐ Other State

\*Chaperones may not drive CCSD vehicles whether they are owned, borrowed, or rented.

If not NV, list State of DL issue: \_\_\_\_\_

Please check appropriate box: ☐ Parent ☐ Community Volunteer ☐ CCSD Employee Work Site: \_\_\_\_\_  
(Employee volunteering to chaperone - not assigned by administration)

I understand that as a volunteer chaperone, I am not considered an employee of CCSD, that there is no expectation of employment and that I am not eligible for or covered by workers compensation or any other benefits available to CCSD employees. Chaperones are expected to comply with all CCSD rules, regulations, standards of conduct and appropriate dress guidelines. I understand that failure to comply with any CCSD policy, regulation or direction may result in my being excluded from participation in the above-described event. Further, if any such failure is, in the sole discretion of the supervising administrator, deemed detrimental to the physical, emotional or moral well-being of any CCSD student, volunteer or staff, I may be required to leave the group and make separate arrangements for transportation home, which will be at my own expense. I understand that I will be responsible for paying any costs or expenses associated with my participation in this trip, including but not limited to transportation, meals, lodging and cost of admission to any activity or event that may take place on this trip. Further, I have reviewed the trip itinerary and represent that I am in good health and both physically and mentally capable of fulfilling my obligations as chaperone and participating in the travel and all scheduled activities associated with this trip. I understand that I may not participate in, and may subsequently be dismissed from this trip if I have not disclosed, prior to departure, any and all conditions, illnesses, disabilities or other medical needs that I may have which might interfere with my ability to perform all duties assigned to chaperones on this trip. Further, I acknowledge that in the event I sustain an injury, become ill or otherwise suffer a medical incident during the trip, CCSD's responsibility will be limited to providing me with first aid and summoning help if necessary. If the injury, illness or medical incident prevents me from traveling with the group, the event will continue on as scheduled and I will be responsible for my own transportation and expenses from that point. In the event that I am injured, suffer an illness or other medical incident during or as a result of the trip, I agree to hold CCSD, its employees, agents, volunteers, students and chaperones harmless from liability for any conduct thereby, not amounting to gross negligence. I understand that I will be solely responsible for any medical treatment, transportation or other expenses that may arise from any injury, illness or other medical incident arising as a result of the trip or my participation in any of the activities in connection therewith.

Chaperone Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any medical information:

(i.e. allergies, medications to avoid, current medications, etc.)





# Liberty HS Registration Form

## Student Section

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Student Gender M F Student Age as of 8/1 \_\_\_\_\_  
Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Phone # \_\_\_\_\_  
Student Incoming Grade 9 10 11 12 Can we send text messages? Y N  
Student Email \_\_\_\_\_  
Street Address \_\_\_\_\_  
*Address unit/apt# city state zip*  
Student Concert Band Inst. \_\_\_\_\_ Student Marching Band Inst. \_\_\_\_\_

All band students will receive a cleaning kit, practice shirt, and 2 pair of performance gloves. Woodwind players will receive a plastic reed. Brass players will receive a BERP. Percussion students will receive 1 pair of concert sticks and mallets. All of this is covered in the \$200 Fair Share Fee.

Cleaning Kit Instrument \_\_\_\_\_ Plastic Reed Strength \_\_\_\_\_  
*Based on VanDoren reed strengths*  
Brass BERP Instrument \_\_\_\_\_ Percussion Sticks Vic Firth SD 1 \_\_\_\_\_  
*Same as Marching Instrument* Vic Firth 5A \_\_\_\_\_  
Percussion Mallets VF M184 \_\_\_\_\_ VF M180 \_\_\_\_\_ VF M170 \_\_\_\_\_ VF M231 \_\_\_\_\_ VF M201 \_\_\_\_\_  
*black black brown green red*  
Practice Shirt Cut M F Practice Shirt Size (XS-4XL) \_\_\_\_\_ Glove Size \_\_\_\_\_  
Marching Show Shirt M F Show Shirt Size (XS-4XL) \_\_\_\_\_  
Pep Band Jacket Size (XS-4XL) \_\_\_\_\_ Name on Pep Band Jacket \_\_\_\_\_  
*15 characters max, First and Last recommended*  
Marching Shoe M F Size \_\_\_\_\_

For additional Pep Band Jackets, Marching Show Shirts, or Shoes, please see the "Pay Form"

Join Our Facebook Page: Sound of Liberty Bands (requirement)

Find all forms at: [www.soundoflibertybands.com](http://www.soundoflibertybands.com)

Sync your smart phone calendar with our Google Calendar (Liberty HS Band)

## Parent/Guardian Section

Guardian 1 Name \_\_\_\_\_ Guardian 2 Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Guardian 1 Email \_\_\_\_\_ Guardian 2 Email \_\_\_\_\_  
Guardian 1 Phone \_\_\_\_\_ Guardian 2 Phone \_\_\_\_\_  
*Texting OK? Y N* *Texting OK? Y N*  
Guardian 1 Occupation \_\_\_\_\_ Guardian 2 Occupation \_\_\_\_\_  
How Can You Help? Sewing Prop Building Woodworking Metalworking Prop Moving  
*Circle all that apply*  
Cooking Funnel Cakes at FB Games Split the Pot at FB Games Chaperoning Percussion Moving  
Do you wish to be a part of our parent club? YES NO

**BAND MEETING ON AUGUST 7<sup>TH</sup> 2015 9:30AM - REQUIRED**