



This two-sided form is due May 7, 2024.

2024 - 2025

Registration, Health & Handbook Form

STUDENT INFORMATION

First Name	Middle Name	Last Name	Grad Year	Gender
Student Street Address			City and State	
Zip				
Student Home Phone ()	Student Cell Phone ()	Student Email Address	Adult T-Shirt size: S M L XL 2XL 3XL	

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1		Parent/Guardian 2	
Home Phone ()	Work Phone ()	Home Phone (if different) ()	Work Phone ()
Cell Phone ()	Other Phone ()	Cell Phone ()	Other Phone ()
Parent/Guardian 1 E-Mail Address		Parent/Guardian 2 E-Mail Address	

BAND PARTICIPATION

WHS Ensemble	Instrumentation for WHS Ensembles
<input type="checkbox"/> Marching Band	Marching Instrument (or Color Guard): <input type="checkbox"/> I own it <input type="checkbox"/> Requesting a loaner, if available. Repairs are student responsibilities.
<input type="checkbox"/> Concert Band and Wind Ensemble	Concert Instrument: <input type="checkbox"/> I own it <input type="checkbox"/> Requesting a loaner, if available. Repairs are student responsibilities.
<input type="checkbox"/> Jazz Band/Ensemble (by audition)	Jazz Instrument: <input type="checkbox"/> I own it <input type="checkbox"/> Requesting a loaner, if available. Repairs are student responsibilities.

PHYSICIAN INFORMATION

Student's Physician Name	Office Phone ()	Emergency Phone ()	
Address	City	State	Zip

INSURANCE INFORMATION

Insurance Carrier Name	Policy Number
Employer Name (only if group insurance policy)	Employer Address (only if group insurance policy)

SPECIAL SITUATIONS / CONDITIONS

Special Dietary Needs
Physical, Mental or Emotional Conditions

HEALTH INFORMATION

Health History	Diseases	Allergies	Cross off medications you DO NOT want your student to take
<input type="checkbox"/> Frequent ear infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Blood/Clotting Disorder <input type="checkbox"/> Hypertension <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Sleep Walking <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Ivy, etc. <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Asthma <input type="checkbox"/> Food _____ <input type="checkbox"/> Meds _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Acetaminophen (Tylenol) Ibuprofen (Advil) Benadryl Antacid (Tums) Throat Lozenges Robitussin DM Benadryl anti-itch cream Triple Antibiotic Ointment _____ _____

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MEDICATION AND PRESCRIPTION DRUGS

All medications and prescription drugs MUST meet the following guidelines:

- Medication must be in the original container and prescriptions must bear the pharmacy label showing the prescription number, date filled, prescribing physician's name, patient name, medication name, and directions for taking medication.
- All medications MUST be turned into the nurse or director upon arrival to camp or trip location. All medications will be stored and distributed by the nurse or authorized person as directed.

This band member takes NO medications on a routine basis.

This band member takes medication routinely. Include over-the-counter or non-prescription drugs.

Medication	Dosage	Time(s) Taken
Reason for taking / Diagnosis		
Notes		
Medication	Dosage	Time(s) Taken
Reason for taking / Diagnosis		
Notes		
Medication	Dosage	Time(s) Taken
Reason for taking / Diagnosis		
Notes		
List any medications taken during the school year that may not be taken during the summer.		

By signing below, you are indicating the following:

1. **IN CASE OF EMERGENCY** I understand every effort will be made to contact me or the person(s) named on this form. If I can't be reached, I hereby give permission to the medical personnel selected by the band director(s) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the student named on this Washington High School Band form.
2. We have read the Washington High School Instrumental Music Program Handbook (available online) and FULLY understand and FULLY agree to abide by the requirements to become and maintain membership as a band member at Washington High School.
3. The student will be prepared for all rehearsals and performances with all necessary equipment/uniform requirements.
4. The student named below will be PRESENT and POSITIVELY CONTRIBUTE during all practices and performances. Attendance alone does not grant full credit for rehearsals or class. We understand that tardiness, lack of positive participation and unexcused absences are all unacceptable. Practices and performances are graded.
5. We have received a copy of the summer and fall band schedule and understand the student's responsibility to be at ALL scheduled activities, rehearsals and performances. We understand they are ALL MANDATORY. We understand that these events which occur during the school calendar are graded. We understand absences from rehearsals and performances will negatively affect my student's grade.
6. We understand the student will be responsible for attending ALL rehearsals during the winter and spring months as outlined in new schedules as they are released prior to each season. We understand attendance and participation is mandatory.
7. We understand that any prior commitments that conflict with any band activity, rehearsal or performance will be brought to the attention of the band director(s) IMMEDIATELY upon the release/posting of any new or updated schedules. We will complete the Conflict Form and supply the band director(s) with a note or email outlining the conflict with dates and times and specific reasons why the conflict could not be resolved. Missed performances and rehearsals are zeros until students complete make up work.
8. We understand that the student and chaperones/parents/guardians/caregivers are representing Washington High School Band, Washington High School and Jefferson County Schools when the student is a member of the Patriots Band.

Parent or Guardian PRINTED Name

Student PRINTED Name

Date

Parent or Guardian Signature

Student Signature

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2024-2025 Schedule Conflict Form



WHS Bands have a tradition of posting a detailed calendar far in advance so families can avoid conflicts with these school events. All students will submit this form.

Students are responsible for communicating our schedule with their employers and any club/activity sponsors at WHS and outside of WHS.

Each band member has a unique placement and role in an ensemble and late-reported absences cause extra work for those in attendance and put absent students behind. We plan events and pay for transportation, competitions, etc. based on 100% attendance. Placements for leadership positions, jazz ensemble, wind ensemble, etc. is based on your full participation. Student leaders with absences are at risk of losing leadership positions

Conflicts/absences that arise after this schedule conflict form are submitted will be considered unexcused and will be handled on a case-by-case basis. We have a policy for school conflicts that has been in place since 2008 and has served students well.

STUDENT INFORMATION

First Name	Middle Name	Last Name	Grad Year	Instrument/Section
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CONFLICT INFORMATION

This band member does not have a conflict with the band calendar.

This band member has a conflict with the band calendar.

Date of conflict	Name of band event
Date conflict was known	Name of conflicting event
Reason conflict could not be resolved	
Contact information: phone number / website information for conflict / name of sponsor or manager	

Date of conflict	Name of band event
Date conflict was known	Name of conflicting event
Reason conflict could not be resolved	
Contact information: phone number / website information for conflict / name of sponsor or manager	

Parent or Guardian PRINTED Name Student PRINTED Name Date

Parent or Guardian Signature Student Signature