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# Leon High School Band Activity Parental/Guardian Consent Contract

I/We hereby grant permission for (print student name) \_\_\_\_\_, to participate in all Leon High School (LHS) band activities and trips during the school year 2022–2023, including the summers before and after the fiscal school year. These trips or activities include but are not limited to: band camp, band rehearsals, all football games, marching band festival(s), concert band and symphonic band performances and trips, parades, fundraising activities, and all Florida Bandmasters Association (FBA) Music Performance Assessment (MPA) festivals.

I/We understand the method of transportation will usually be by school bus or charter bus, but in some special situations, it may be necessary to travel by private vehicle. If this should occur, the driver of the private vehicle will be an adult and a licensed driver over the age of 25.

I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.

Auto Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation.

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We attest and affirm that the participant has no limitation that should prevent participation in the activity, and I/we have not been advised or informed by anyone to the contrary.

**If there is any condition that may limit participation in any band activity, please describe here, in addition to the attached medical information form:**

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

I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

I/We understand that all necessary precautions will be taken by the teacher, school, and the School Board of Leon County for the welfare of my child, and I will not hold those parties responsible in case of injury to my child.

Parent/Guardian #1 Signature	Date	(Optional) Parent/Guardian #2 Signature	Date
Print Parent/Guardian #1 Name		Print Parent/Guardian #2 Name	
Home Phone: (     )		Home Phone: (     )	
Cell Phone: (     )		Cell Phone: (     )	
Work Phone: (     )		Work Phone: (     )	
Email: _____		Email: _____	

This application to participate in the LHS band program is made with the understanding that I have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSA) or Florida School Music Association (FSMA). I understand that any misrepresentation of eligibility, as well as any future violation of these and all other rules and regulations of this organization, will result in dismissal from the organization. I understand that my membership in Leon Band is contingent upon the completion of this form in a satisfactory manner and my understanding of the policies and rules set forth in the Leon Band Handbook. Additionally, I agree to accept full responsibility for any and all LHS band instruments and equipment and will reimburse the band program fully for any damage or misuse due to my negligence.

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