

Blackhawk Brigade 2020-2021 Student Information Sheet

Student Information

Full Name : _____
Address: _____
Instrument: _____ Grade: _____
Phone #: _____ Shirt Size (Adult): _____
Shoe Size: _____ Short Size: _____
Student Cell Phone #: _____

Parent/Guardian Information

Father/Guardian

Mother/Guardian

Name: _____
Phone #: _____
Cell Phone #: _____

E-Mail Address: _____

What activities would you be interested in helping with? (check all that apply)

- Prop Building/Equipment Maintenance
- Semi Driver
- Concessions
- Provide Snacks
- Decorate Lockers/band room
- Loading/Prop Crew/Pit Crew
- Band Boosters or Other - Any special talents?

Note: Due to COVID-19 procedures, chaperone and box parent duties are postponed until further notice.

You can select multiple areas. A volunteer assignment sheet will be available the first of September.

Field Trip/Activity Release Form

Date: _____

My signature below verifies that I approve _____
(Name of Student)

to attend all competitions, activities, and functions with the Springs Valley Blackhawk
Brigade Marching Band for the 2020 – 2021 school year.

(Signature of Parent/Guardian)

Emergency Information
Springs Valley Jr. – Sr. High School
Blackhawk Brigade

In the event of any injury or sickness every effort will be made to contact the parents first. If the parents cannot be reached, information on this sheet of paper will be utilized.

Date _____

Name _____ Grade _____

Address _____ Age _____

Home Phone _____ Birth Date _____

Student Cell Phone _____ Parent Cell Phone _____

Parent's Name _____ Work Phone _____

Place of Employment _____

Family Insurance: _____ Policy # _____

Doctor _____ Phone _____

In case of serious injury and the parent or family doctor cannot be reached call

Name _____ Phone _____

Address _____

Please list any allergic reactions:

Emergency Treatment, Etc:

In the event of an emergency, My son/daughter _____ may be examined and/or treated as long as Mr. Aylsworth or a responsible adult accompanies him/her to the medical facility and remains with him/her.

Release:

Mr. Aylsworth, the accompanying adult, the Band Boosters, and Springs Valley Jr. – Sr. High School are hereby relieved of any liability in the event of any injury, sickness, medical attention, or other emergency involving my son/daughter.

Parent – Guardian Signature

Springs Valley Community Schools – Band Department

Parent Permission to Tape/Photograph Students

I hereby grant permission for my child _____
(Print Child's Name)

to be filmed, video taped, and/or photographed, for public information and instructional purposes for the Springs Valley Community School Band Department. I understand that my child's photograph or other visual image may be reproduced in a newspaper, film, website, or video tape for public viewing.

(Parent /Guardian Signature)

(Date)

The tapes/photographs may be used for, but not limited to:

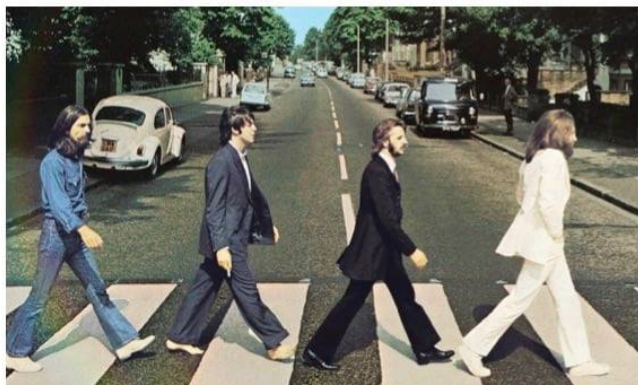
- *Lessons for students*
- *Blackhawk Brigade Website*
- *Presentations for community groups and parents*
- *Band department brochures, newsletters, and other band department publications*
- *Photo CD collections, slideshows, and fundraisers*
- *Newspapers or magazines to accompany a story about the band*
- *Concert/Contest video recording*

Benefits to students and band department

- *Teaching methods can be shared to refine teachers' instructional skills*
- *Films and video tapes can be used as an instructional tool for students*
- *Successful programs can be shared with the community*

Blackhawk Brigade 2020

Summer COVID-19 Procedures



2019



2020



CORONAVIRUS 2019-nCoV

SYMPTOMS



FEVER



COUGH



SHORTNESS
OF BREATH



SORE THROAT



HEADACHE

2020 COVID-19 Procedures

- Wear face-coverings when not rehearsing.
- Social distance during social and break times.
- Call in and report if you show symptoms listed above. Do not attend with a fever.
- Band Camp two weeks later. Limited practice schedule until July 20th. No full ensemble rehearsal until band camp.
- No sharing of sunscreen and sun protection wear.
- Only students and staff in the band room.
- Social distancing will be applied to rehearsal spaces and rehearsal technique.
- Water Jug use only. Water fountains will not be available. School sponsored water jugs will be disinfected and replenished before each practice.
- Practices will be outdoors when possible. When indoors, the ensemble will meet in sections only.
- No food may be brought to camp. Band Boosters are providing store bought, sealed snacks for cookie break.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19, MRSA, AND ALL FORMS OF INFLUENZA

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Springs Valley Community Schools** and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____ Participant signature: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: _____ Parent/Guardian/signature: _____ Date: _____