

# 2017-2018 Band Contract

SIGN EVERY PAGE

# Chestnut Band

READ THE FOLLOWING STATEMENT AND SIGN BELOW

I have read the school and band handbooks, understand its content, and agree to all terms and conditions. I understand that the band handbook is designed to empower students to be successful in band. I also know that I can get more information about the band handbook by emailing Ms. Bowker at [bowkera@springfieldpublicschools.com](mailto:bowkera@springfieldpublicschools.com)

This form must be signed and returned by \_\_\_\_\_.

Student's Name (Print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature (Print): \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

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

Chestnut Accelerated Middle School, Talented and Gifted  
355 Plainfield Street, Springfield, MA 01107

# INSTRUMENT, EQUIPMENT, AND BOOK LOAN AGREEMENT

I accept the loan of the following musical instrument, equipment, and/or book, which is the property of Chestnut Middle School, Talented and Gifted, and the Springfield Public Schools:

Instrument \_\_\_\_\_ Make: \_\_\_\_\_

Serial Number \_\_\_\_\_

Condition (circle): Excellent-----Good-----Fair-----Poor

Estimated Value \_\_\_\_\_

Accessories (circle all included): mouthpiece-----neck strap-----ligature-----sticks-----valve oil slide grease-----swab-----other \_\_\_\_\_

## STATEMENT OF AGREEMENT

In return for receiving the loan of the musical instrument described above,

I \_\_\_\_\_, a student at Chestnut TAG in the Springfield Public Schools shall agree to the following conditions:

1. My parent/guardian and I jointly assume full responsibility for this musical equipment. In case of loss or damage we agree to repair or replace it at the cost listed above.
2. The instrument will be kept clean and serviceable at all times.
3. The instrument will be used only for music classes and school events.
4. No other person will use it unless instructed by Ms. Bowker.
5. I agree to contact Ms. Bowker immediately if the instrument has a mechanical error. I will not do or attempt any professional work on it.
6. I agree to provide myself with materials as designated by the director, and to attend classes regularly. I further agree to constantly improve my playing ability by studying at school or with a private instructor.
7. The loan of this instrument may be terminated at any time by reason of failure to comply with the above conditions or by failure to show reasonable progress.
8. In the event that I leave the city, leave band, or transfer to another school in the district, I agree to return the instrument (equipment and/or books) to Ms. Bowker.
9. I will return the instrument promptly when requested to do so to Ms. Bowker at the conclusion of the school year.

Student's Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

# Parent Permission-Field Trips

Dear Band Parents/Guardians:

Please complete the following field trip information form so that (1) we have written permission for your child to participate in band field trips and (2) have a copy of your child's emergency contact information for band field trips. You will be notified of each individual field trip by a letter sent home with your child.

I hereby give permission for my child \_\_\_\_\_ to participate in band field trips.  
(Print Student's Name)

- I fully understand that the said activities have been approved by the Middle School administration and the student will be under the jurisdiction of the rules and regulations set forth in the School and Band handbook.
- In the event that the student violates these rules or regulations, the certified teacher in charge will notify the parent/guardian and will also notify the school administration of the violation.
- Should an emergency arise, I give permission to the certified teacher in charge to administer medical attention and treatment.
- I have completed the emergency contact information and photo release information (see attached).
- I understand that field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.
- I understand that if the field trip has a cost to it and I am unable to pay for the cost of the trip, but would still like my child to participate in it, my child will be given an opportunity to raise funds through authorized fundraising activities, or be given assistance in identifying other fund sources.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have any questions or concerns, please do not hesitate to email Ms. Bowker at [bowkera@springfieldpublicschools.com](mailto:bowkera@springfieldpublicschools.com)

Thanks you.

Sincerely,

Angela Bowker  
Band Director

Chestnut Accelerated Middle School, Talented and Gifted  
355 Plainfield Street, Springfield, MA 01107

# Student Medical Form/Emergency Contact

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Instrument \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian's Email Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have a medical condition we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take any medications regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a Bee String allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a food allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

Do they carry an Epi-Pen with them? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Do they carry an inhaler with them? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other allergies that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE  
EXPLAIN \_\_\_\_\_

Please list the insurance policy covering your child \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT  
OR ILLNESS WHILE ON A TRIP.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Photo Release

I understand that being a band member may attract media attention and also may be used to promote partnerships between schools and businesses, so there is a possibility that my child will be photographed or recorded during this experience.

**Check one:**

\_\_\_\_\_ Yes, I grant my permission to photograph and/or record my child for these promotional and educational purposes.

\_\_\_\_\_ No, I do not grant my permission to photograph and/or record my child for these promotional and educational purposes.

# Media Release Form

The Springfield Public Schools District uses the news media, internal publications and the Internet as a tool to improve communication and to highlight and inspire student achievement.

Individuals and groups of students may be showcased through the posting of writing, multimedia projects, photographs, videos, voice recordings, and the listing of student accomplishments in the media and in the District's communications systems. Student's names may be posted in such cases.

**Check one:**

\_\_\_\_\_ Yes, I give my permission for my child's image, voice, and achievements to be included in SPS communication efforts.

\_\_\_\_\_ No, I do not give my permission for my child's image, voice and achievements to be included in SPS communication efforts.

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

Parent/Guardian Signature: \_\_\_\_\_

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

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

# Parent/Guardian Web Publishing Agreement

Springfield Public Schools maintains web pages for each school and the district. Photo images, names, and student work are sometimes displayed on the web pages as a means of communicating and sharing student achievements with the community and other schools. Examples of such displays include sports teams and captains, art work/show winners, writing contests, etc. I understand that other persons accessing the World Wide Web who are not part of the educational community may view these images, I give my permission to the Springfield Public Schools to display on the school web pages pictures of my child, his/her work, and names, as they relate to activities, projects, and programs at the school. The posting of material to the Springfield Public Schools web page must have prior approval from the Principal. The use of the Springfield Public Schools' name or logo may not be used on personal web pages without the Superintendent's written approval. A copy of said approval must be on file with the Department of Technology.

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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