



2022-2023 Band Registration

Students Name: _____ **22/23 Grade:** 9 10 11 12 **Gender:** M F **Primary Instrument:** _____

T-Shirt Size (Adult Sizes): XS S M L XL XXL XXXL **Shorts Size:** XS S M L XL XXL **Marching Instrument (if different):** _____

Student Shoe Size (if applicable): _____ *fits smaller than normal shoes

Item	Description	Required?	Amount	Paying Today?
Band Fee	Spirit Wear/UDB Subscription/Flip Folder/1 Gallon Water Jug/Summer & School Year Masterclasses/Program Clinicians/Tailgate Food/Uniform Supplies/Transportation & Contest Fees *REQUIRED FEE*	YES (for all band students)	\$500	
Marching Band Shoes	Required for every new student to the Travis HS Band Program. A specific brand and style is worn which is ordered through the band program. Current students will only need to buy new ones if they have outgrown their current pair and/or their current pair are no longer useable due to wear and tear	NO—only for Freshman & other students who have outgrown theirs	\$40	
FBISD Instrument Usage Fee	This is a required fee, by FBISD, for all students that play a school owned instrument (percussion, piccolo, bass clarinet, oboe, soprano sax, tenor sax, baritone sax, horn/mello, bassoon, euphonium, tuba/sousaphone, bass trombone)	YES—only for students who use a school owned instrument	\$80	CHARMS on 8/1
Guard Fee	This fee covers FALL color guard AND Spring winter guard, This fee covers techs, clinicians, winter guard show design, uniforms (fall/spring), guard shoes (fall), Tailgate Food, transportation/contest fees *REQUIRED FEE*	YES (for all guard students)	\$1200	

Payment Plan Options:

Full Payment: \$500 (Band)/\$1200 (Guard)

Registration Day: May 6th 5pm-7pm OR May 7th 10am-12pm

Payment #1: \$300 (Band)/\$300 (Guard)

Registration Day: May 6th 5pm-7pm OR May 7th 10am-12pm

Payment #2: \$200 (Band)/\$300 (Guard)

Due Date: October 6, 2022

Payment #3: \$300 (Guard)

Due Date: January-February 2023

Payment #4: \$300 (Guard)

Due Date: February-March 2023

Checks should be made payable to: THS TBBC

Credit Card Payments will be taken @ Registration Day

Student Signature: _____

Parent/Guardian Signature: _____

BOOSTER USE ONLY Total Amount Paid Today: _____

If you are unable to complete payments by the dates above, please make arrangements with Mr. Smith and the Booster Treasurer.



Volunteer Information

Volunteer Names:	Volunteer Email Addresses:	Volunteer Cell Phone #'s:

Student Name: _____

Volunteers are a vital part of the Travis High School Tiger Band. Without them, our children would not be able to participate in football games, contests, or band socials. The following are some of the opportunities we have available for volunteers. Please indicate which ones interest you and we ask that **all parents/guardians sign up for at least 2 volunteer duties**. Reminder that by signing up to volunteer does not mean you will be "in charge" of the volunteer duties but will be part of the committee for these duties.

IT TAKES A VILLAGE!

Interested?	Volunteer Opportunity	Description of Duties
	Chaperone	You will accompany the students to football games, contests, and any additional functions where transportation is needed. Duties include: riding the bus, taking attendance, escorting/monitoring students to/from restrooms, etc.
	Tailgate	You will assist with feeding the students prior to games and contests. Duties include: set up, check-in, serving, clean up, etc.
	Roadie	You will assist in loading and unloading the trailer with instruments. Duties include: load/unload instrument carts, percussion equipment, sound equipment, props, etc.
	Uniforms	You will assist in fitting students for uniforms and that they fit throughout the marching season. This also includes being available on performance dates to assist with last minute emergencies.
	Fundraising (FanPledge, Car Washes, Poinsettia Sales, Spring Plant Gift Cards, Egg Your Yard, Spring Concert Silent Auction etc.)	You will assist with coordination of different fundraising events throughout the school year.
	Spring Banquet	You will assist with our end of year Spring Banquet. Duties include: set up/clean up, securing a venue, check-in, etc.
	I can help anywhere!	I'm available to do anything!

In lieu of volunteering, donation contributions can be made to help offset costs of additional materials needed for volunteer shortages



Tailgate Meals/Student Medication

Student Name: _____

Tailgate Meals

The parents who volunteer and coordinate all Tailgate meals and food preparation for our students and staff work tirelessly to make sure that every possible food accommodation that can be made is able to be made. To ensure that your student receives the most accurate meal and to provide us with the most up-to-date information please let us know of any food allergies or other accommodations that we can try to provide to help your student.

This will be for ALL Tailgate meals and the student/parent are not allowed to decide which meals they will receive these accommodations for

Please identify below if your student needs any of the accommodations regarding Tailgate meals:

_____ Vegetarian

Known Food Allergies: _____

_____ No Beef

Other: _____

_____ No Chicken

_____ Gluten Free *we will try to make this accommodation if the vendor has options but is not always guaranteed*

Student Medication

Procedure for Student Medication on Band Trips, Football Games, Contests:

If your child takes medicine on a regular basis, their medicines will be administered by THS Tiger Band Chaperones at their usual times while on out-of-town trips for the 2022-2023 school year.

Please send your child's medication to school in a sealed plastic bag labeled with the student's name and include this signed permission slip. All medications MUST be in the original containers and indicate your child's name.

We will have a first aid kit supplied with Advil and Tylenol available for headaches, pain or fever. Please sign the consent form below if you wish this OTC medicine to be available to your child.

I (parent/guardian) _____, consent to my child receiving if necessary for pain or fever, the following items:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Advil | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Cough Syrup |
| <input type="checkbox"/> Sudafed | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Pepto Bismol |

Other Medication:

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Reason for Medication: _____

Fort Bend ISD
Emergency Contact Form
High School Band & Dance



Student's Name: _____

Student ID: _____ Campus: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ Zip: _____ Home Phone #: _____

Physician: _____ Office Phone #: _____

Allergies:

Yes No List: _____

Medications:

Yes No List: _____

Medical Health Insurance Coverage:

Yes No

Insurer: _____ Group #: _____ ID #: _____ Phone #: _____

Parent/Guardian 1 Work #: _____ Parent/Guardian 1 Cell #: _____

Place of Employment: _____ Email Address: _____

Parent/Guardian 2 Work #: _____ Parent/Guardian 2 Cell #: _____

Place of Employment: _____ Email Address: _____

Parent/Guardian Permit Waiver:

If, in the judgement of any representative of the schools, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Student Name (Printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT
PARTICIPATION IN SCHOOL-SPONSORED TRIP**

Student Name: _____

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teachers accompanying the students on the trip with information relating to your child.

List any physical limitations (temporary or permanent):

List any current medications (prescribed or over the counter) taken:

List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: _____ **Phone:** _____

Insurance company: _____ **Phone:** _____

Policy Number: _____ **Group Number:** _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation will be provided by the district or a commercial carrier.

Parent Signature: _____ **Date:** _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____

Emergency contact person: _____ **Phone No:** _____

REVIEWED 1/12/2009

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components (i.e. Dance Team Practice)

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: www.uil.utexas.edu

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Name (Printed) _____ Date _____

Student Name (Printed) _____

This form is to be kept on file by the local school district.

Travis High School Band Handbook Acknowledgement Form

I, _____ (student name), have read the policies and procedures of the Travis High School Band Handbook.

I, _____ (parent/guardian name), have read the policies and procedures of the Travis High School Band Handbook.

Date: