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Student ID:	
Name:	
Grade:	
Instrument:	□ Color Guard



FORM CHECKLIST:

FORM A - STUDENT INFORMATION	Volunteer Initials:
FORM B - FINANCIAL RESPONSIBILITY	
FORM C – FEES, UNIFORM, EQUIPMENT ORDER	
FORM 1C – SHOW SHIRT ORDER FORM	
FORM D - SCHOOL CONSENT & RELEASE	
FORM E - MEDICAL RELEASE	
FORM F - FUNDRAISER OPT-OUT	
FORM G - UNITY PLEDGE	

Student ID:	
Name:	
Grade:	
Instrument:	☐ Color Guard



Form A

2023-24 BAND REGISTRATION

Last Name		First Name	
Street Address:			
		Neighborhood:	
Home Phone:		Cell Phone:	
Email:		Date of Birth:	
Parent/Guardian	#1 Info:	Parent/Guardian	#2 Info:
·			
Email			
Street Address, if di	fferent:	Street Address, if diff	ferent:
_		_	
		_	
Registering Paren	t/Guardian:		
Print			
Signature		Date	
	Please check areas w	here you can help the band pro	gram:
rst Aid ansportation	☐ Hospitality ☐ Website ☐ Sewing	☐ Chaperone ☐ Concessions ☐ Fundraising	☐ Band Camp Meals ☐ Organizing Events ☐ Other:

Student ID:	
Name:	
Grade:	
Instrument:	□ Color Guard



FINANCIAL RESPONSIBILITIES

Each Silver Regiment member's parent(s) or legal guardian(s) is/are entitled to membership and full voting privileges in the Lake Howell High School Band Boosters Association. All parents are encouraged to attend general membership meetings in the Band Room.

Each Silver Regiment member's parent/guardian will receive a weekly email which will go to the email they provided at registration every Sunday mid/late afternoon. It will include deadlines, dates and other important information for students and parents. Parents and students are requested to keep their information (addresses, phone numbers and email addresses) current on Charmsoffice.com throughout the year as that is our primary means of communication.

Parents are responsible for keeping the student's financial account current.

The 2023-2024 dues for Color Guard are \$520.00 (includes uniform, show shirt, and tank top). The 2023-2024 dues for Musicians are \$460.00 (includes show shirt).

The registration fee (\$170 for Guard, \$150 for Musicians) is non-refundable. Other fees (uniform accessories, Jazz band, honor bands, special trips, etc.) may be assessed to the student's account as needed throughout the year. In addition, parents and students will participate in select mandatory fundraising efforts to make up the balance of the annual budget unless an "opt-out" Form F has been signed and applicable "opt-out" fees have been paid-in-full at registration.

signed and applicable "opt-out" fees have been paid-in-full at registration.
You may pay-in-full at the time of Registration and receive a one-time \$25 discount off your total dues. If you choose not to pay-in-full, your Charms account will be charged accordingly:
Guard dues - \$520.00 : \$170 (non-refundable) is due <u>at registration</u> (no later than June 9 th) \$175 due by July 21 th \$175 due by September 1 st
Musician dues - \$460.00: \$150 (non-refundable) is due <u>at registration</u> (no later than June 9 th) \$155 due by July 21 th \$155 due by September 1 st

Incomplete or missing forms and/or unpaid dues <u>will</u> result in student restriction of band privileges and participation. Any senior with an unpaid band account <u>will not</u> be allowed to attend Prom, Grad Bash or walk at graduation.

attend Prom, Grad Bash or walk at graduation.					
By signing below, I understand and agree to our financial responsibilities as					
outlined above. Parent/Guardian Signature	Date				
Print Name:					

Form	C
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Student ID:	
Name:	
Grade:	
Instrument:	☐ Color Guard



Fees, Uniforms, and Equipment Order Form

Fees (* indicates required)		Unit Price	Qty	Subtotal
*Member Dues (includes Show Shirts, and Tanks for Guard)	*Musician: *Guard:	\$460 \$520	1	\$
	*Tuba/Percussion:	\$175/year		\$
Instrument Rental (Averages to ~\$18/month)	Other Instruments:	\$35/summer		\$
		\$70/semester		\$
Opt-Out of All Mandatory Fundraisers (minimum 2 each year, \$60-\$100 each)		\$135		\$
Total Fees:			\$	

Uniform and Equipment (* indicates required) Unit Price Qty			Subtotal			
*Total Show Shirts (See Fo	orm 1C)				\$	
*New Member Uniform H	Kit (requi	red for all first-year members <u>EXCEPT</u> percussion – see A La	Carte**)			
<u>Size:</u>	Tuba:	1x Beret, 1x Gloves, 1x Shoes	\$78			
Glove: XS S M L XL 2XL	Musician:	1x Gloves, 1x Shoes	\$50		¢.	
Shoe: Men's / Women's F	Fingerless:	1x Fingerless Gloves, 1x Shoes (piccolos and clarinets)	\$50		\$	
Tight: S/M L/XL	Guard:	1x Jacket, 1x Tights, 1x Shoes, 1x Eqpt Bag, 1x Duffel	\$173			
A La Carte (additional/repla	cement Ite	ems)				
Beret		Tuba:	\$13		\$	
Gloves (2 nd pair recommend	ided)	XS S M L XL 2XL Musician/Fingerless/DM:	\$5			
☐ Musician ☐ Fing	gerless	Tuba:	\$28		\$	
□ Tuba □ Gua	ırd	☐ Drum Major Guard:	\$20			
** Shoes (required for all first-year percussion; no gloves needed) Musician:			\$45		\$	
☐ Musician ☐ Gua	ard N	Men's / Women's Size: Guard:	\$35		Ψ	
Tights (2 nd pair recommend	ded)	S/M L/XL Guard:	\$23		\$	
Jacket		S M L XL Guard:	\$55		\$	
Equipment Bag (tall narrow bag that stores flag, rifle, saber) Guard: \$25			\$			
Duffel Bag ('gym' bag that stores uniform, shoes, and personal items) Guard: \$35			\$			
Rifle (ask Mr. Eslava before purchasing) Guard: \$40			\$			
Total Uniform:				\$		

Totals and Checkout		
	Total Fees, Uniform, and Equipment:	\$
	Previous Balance (use "-" for Credit):	\$
Early Bird Discount (\$25 off when paying Mem	ber Dues, Opt-Out, and Total Uniform in Full):	-\$
Payment Info:	Grand Total Owed:	\$
Payment Method: ☐ Cash ☐ Check ☐ Card ☐ PayPal	Amount Paid at Registration:	-\$
	Remaining Balance:	\$
Parent/Guardian agrees to remaining balance and will pay the amount in full per the due dates set on Form B (Signature):	1)2†4	
Parent/Guardian Name (Print):	вва	Initials:

☐ Color Guard



	SILVER R	EGIMEN	Τ	
Show T-Shirts (All shirts are crew neck unless otherwise depicted		Unit Price	Qty	Subtotal
*Student Show T-Shirt	XL □ 4XL □ Cott/poly □ Dri-Fit		1	[included]
	☐ Cott/Poly ☐ V-Neck ☐ Dri-Fit ☐ Scoop neck	\$		\$
	☐ Cott/Poly ☐ V-Neck ☐ Dri-Fit ☐ Scoop neck	\$		\$
☐ Sm (\$15) ☐ Med (\$15) ☐ Lg (\$15) ☐ XL (\$15)	☐ Cott/Poly ☐ V-Neck ☐ Dri-Fit ☐ Scoop neck	\$		\$
	☐ Cott/Poly ☐ V-Neck ☐ Dri-Fit ☐ Scoop neck	\$		\$
□ Sm (\$15) □ Med (\$15) □ Lg (\$15) □ XL (\$15) □	☐ Cott/Poly ☐ V-Neck ☐ Dri-Fit ☐ Scoop neck	\$		\$
		Total T-	Shirts:	\$
□ Color Guard Tank Tops (Guard members only – enter '1	' under Qty)	Unit Price	Qty	Subtotal
*Student Tank	□ 3XL □ 4XL			[Included]
,	☐ 3XL (\$15) ☐ 4XL (\$16)	\$		\$
□ Sm (\$12) □ Med (\$12) □ Lg (\$12) □ XL (\$12) □ 2XL (\$14)	□ 3XL (\$15) □ 4XL (\$16) Tot :	\$ al Guard 1	Tanks:	\$ \$
				-
Show Polo Shirts		Unit Price	Qty	Subtotal
☐ Sm (\$20) ☐ Med (\$20) ☐ Lg (\$20) ☐ XL (\$20) ☐ 2XL (\$22) ☐ 3XL (\$23) ☐ 4XL (\$24) ☐ 5XL (\$25) ☐ 6XL (\$26)	□ Cott/Poly □ Dri-Fit	\$		\$
☐ Sm (\$20) ☐ Med (\$20) ☐ Lg (\$20) ☐ XL (\$20) ☐ 2XL (\$22) ☐ 3XL (\$23) ☐ 4XL (\$24) ☐ 5XL (\$25) ☐ 6XL (\$26)	□ Cott/Poly □ Dri-Fit	\$		\$
☐ Sm (\$20) ☐ Med (\$20) ☐ Lg (\$20) ☐ XL (\$20) ☐ 2XL (\$22) ☐ 3XL (\$23) ☐ 4XL (\$24) ☐ 5XL (\$25) ☐ 6XL (\$26)	□ Cott/Poly □ Dri-Fit	\$		\$
□ Sm (\$20) □ Med (\$20) □ Lg (\$20) □ XL (\$20) □ 2XL (\$22) □ 3XL (\$23) □ 4XL (\$24) □ 5XL (\$25) □ 6XL (\$26)	□ Cott/Poly □ Dri-Fit	\$		\$
		Total	Polos:	\$

Total Extra Show Shirts (enter on Form C): \$

SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

RELEASE AND CONSENT

THIS FORM MUST BE READ AND SIGNED BY A PARENT/LEGAL GUARDIAN FOR EVERY PARTICIPANT

STUDENT'S NAME:		
Last	First	MI
I/We do hereby approve of my/our child attending	g: ALL BAND & GUARD FUNG	CTIONS 2023-2024
I/We acknowledge that the Seminole County Publother such charges incurred for such services as sickness. I/We understand that if my/our child is ibe liable unless the injury or illness is a result of Schools, Florida. Students are expected to follow of Conduct.	may be rendered for or on behalf of njured or becomes sick, Seminole Co negligent conduct on the part of an e	my/our child as a result of injury ounty Public Schools, Florida will employee of Seminole County Pu
PHYS	ICIAN INFORMATION	
Child's Primary Care Doctor:		
Address:	Telephone:	
City, State, Zip:		
MEDICAL I	NSURANCE INFORMATION	
Insurance Company:		
Address:	Telephone:	
City, State, Zip:		
Policy #:	Group #:	
	MEDIA RELEASE	
For value received and without further cons photographs and/or video images taken of a Seminole County Public Schools, Florida and Florida for the purpose of illustration, adverting a Parent/Guardian Initials	ny child and/or recordings made l/or others with the consent of Sen	of my child, may be used by ninole County Public Schools,
Parent/Guardian Signature:	D	ate:
Parent/Guardian Telephone: Home	Cell	
Emergency Contact:	Emergency Telep	none:

Student ID:	
Name:	
Grade:	
Instrument:	☐ Color Guard



Medical and Surgical Release

*** DO NOT SIGN UNLESS WITNESSED BY A NOTARY PUBLIC***

The patient and others whose signature appear below do hereby consent to any and all Medical and Surgical treatments including anesthesia and operations, which may be deemed advisable by attending physician and/or surgeon.

The intention hereby being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary.

I/We also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patient's discharge.

In witness of my/our consent and agreement to matters stated in three preceding paragraphs, I/We have

subscribed my/our signature(s).	
Only ONE signature (Parent or Legal Guardian) is Picture identification is required (i.e., driver's licen	•
Does your student take any medications? Yes Is your student allergic to any medication? Ye Does your student have any environmental all	that may cause concern while your student is
(MINOR) PATIENT (Student's Full Name) PLEASE PRINT OR TYPE	Parent/Guardian Signature
	Date
STATE OF <u>FLORIDA</u>	Date
STATE OF <u>FLORIDA</u> COUNTY OF	Date
COUNTY OF The foregoing instrument was acknowledged before me	e this, 2023, by
The foregoing instrument was acknowledged before me	
The foregoing instrument was acknowledged before me	e this, 2023, by, (name), who is personally known to
The foregoing instrument was acknowledged before me me or who has produced	e this, 2023, by, name), who is personally known to(type of identification) as identification.

Student ID:	
Name:	
Grade:	
Instrument:	☐ Color Guard
-	



Form F

Fundraising Opt-Out Agreement --Please Read Carefully--

Member dues only cover a portion of the Band Program's Annual Budget.

To keep the Band dues as low as possible, each Silver Regiment Member will participate in fundraising efforts. Fundraising is a necessary part of a successful High School Band Program.

For the 2023-2024 Marching Season, there will be TWO mandatory fundraisers. The specific fundraisers for this year will be announced later.

Some families are busy and have already committed to other organizations' fundraisers. Lake Howell High School Band Boosters offers an "Opt-Out" fundraising program. Each family has the opportunity to Opt-Out of both fundraising events during Band/Guard registration for \$135 which is due at registration.

Families will also have the opportunity to Opt-Out of each mandatory fundraiser when they are announced. However, the cost of the Opt-Out for each individual fundraiser typically varies between \$60 -\$100.

If Opting-Out of fundraising at this time sounds like the right choice for you, please indicate below. For questions, please contact fundraising@lhband.org

Opt-Out fees MUST be paid at registration	Initial Next to your Choice	Opt-out Fee
My student <u>will participate and complete</u> the fundraisers for the 2023-2024 school year. Write \$0 below and initial this line to participate in (or pay the opt-out fee for) each mandatory fundraiser when they are announced.		\$0
My student will not participate in the fundraisers during the 2023-2024 school year & will pay the "Opt-Out" fee instead. Write \$135 below and initial this line to be excused from both mandatory fundraisers this year.		\$135
TOTAL for Both Fundraiser (Enter this amount	on Form C)	\$ Enter total here

We understand and agree to our financial responsibilities as outlined above.

Parent/Guardian Signature _	Date
Print Name _	
Student Signature _	Date
Print Name _	

Student ID:	
Name:	
Grade:	
Instrument:	☐ Color Guard
Instrument: _	☐ Color Guard



LHHS SILVER REGIMENT UNITY PLEDGE

It is the intent of this Unity Pledge to establish the expectations of each LHHS Silver Regiment member regarding conduct, integrity, maturity, unity, and honesty. This pledge is to be signed by the student and a parent, and by doing so each person agrees to uphold the tenants of the pledge. Failure to do so may result in disciplinary action up to and including expulsion from the program.

CONDUCT—I will conduct myself, always, with the proper decorum and the understanding that I represent the culture and reputation of Lake Howell High School. I will not engage in any behavior that will detract from the Silver Regiment program or tarnish its reputation. I will always adhere to the Seminole County School Board Code of Conduct.

INTEGRITY--Through my daily words and actions with others, I will demonstrate a high level of integrity in my studies, at practice, competitions, fundraisers, and all Silver Regiment and school related events.

MATURITY--I will be mature in my daily routine. I will not spread rumors about others, engage in theft, or cause immature behavior. I will respect chaperones, Silver Regiment parents and staff.

<u>UNITY</u>--I will foster and promote a positive culture within the Silver Regiment. No person is above or below me. There are no class structures. The other members of the team are my equals. I will endeavor to leave my fellow team members better than I found them during every interaction. I will lift them up, help them, and celebrate their individual accomplishments. I will not engage in cyberbullying of any kind on any platform (Facebook, Instagram, etc).

HONESTY--I will tell the truth when I interact with my band director, instructors, parents, or teachers. If I have a problem with another student, parent, or teacher, I will address it with a calm, measured demeanor, and seek to strengthen my relationship with the party in question.

tudent Name (print)
tudent Signature
arent Name (print)
arent Signature