

# 2021 Herriman Marching Band Contract

To be allowed to participate in Parade and/or Marching Band you will need to turn in this Marching Band Contract with the following forms; For Parade - Parade Form. For Marching Band - Parent Approval, Medical Release, and Fall Form.

All forms must be signed and turned in to Mr. Larsen in the Herriman band room by the following dates.

## Form due dates

Marching Band Contract	May 7, 2021
Parade Form	May 7, 2021
Parent Approval & Medical Release(Overnight State)	May 7, 2021 *Medical Release needs a Notary*
Fall Form (Guard/Drumline/Band)	July 2, 2021

\*\*As a member of the 2021 Herriman High School Marching Mustangs, I agree to abide by the following policies and procedures. I further understand that for the betterment of the band, a violation of any one of these policies could result in my being assigned as an alternate or removal from the Herriman H.S. Marching Mustangs.\*

## **DROPOUT DATE:**

**\*\*JULY 1, 2021 (MUST BE IN WRITING) ALL FEES WILL STILL BE CHARGED IF DROPPING OUT AFTER THIS DEADLINE\*\***

## **1. Attendance Policy**

- **Rehearsals/Sectionals:** Practices and sectionals are required and essential in order for a performance group of this caliber to continue to be successful. The attendance policy will be strictly enforced so please check your calendars carefully and do not commit to the season if you are not able to participate according to the attendance policy. See calendar at [www.herrimanbands.com](http://www.herrimanbands.com) for all dates. Any events on the calendar students will be expected to be aware of and attend. Any additional performances or practices not on the calendar currently will be part of this contract if two weeks' notice is given.
- **Absences:** In the summer members will be allowed a maximum of: 0 unexcused absences; 2 excused absences (prior approval required); and 3 tardies for the duration of the season Acknowledging that families don't always have control over some camp dates assigned for various activities, these allowed excused absence options are there to take care of these situations. Please note that there are several weeks where we are off. These were intentionally left open for family **vacation time, reunions, EFY's, etc.** Use your allotted absences sparingly. All absences must have prior approval from Mr. Larsen and an excuse form must be filled out ONLINE to gain this approval. Simply filling out a form does not guarantee approval. Drum Majors and/or Mr. Larsen will return the excuse form to those who submit requests ASAP with a decision. A minimum of **2 weeks' notice is required.** No absence at the rehearsal prior to a performance will be excused and if still missed will result in not marching at the competition, game or parade that follows, as well as, possibly forfeiting their spot permanently to an alternate.
- **Parades:** We are flexible with parades but ask that you do your best to make it to all parades.
- **Performances/Competitions:** All performances are required. No exceptions will be given except for rare, extenuating circumstances. See calendar for specific dates of performances.
- **Camps/Clinics:** All are required if you "opt-in" to do the competitive field show band. Those indicated with an "\*" are the camps necessary if you are doing the parade/pre-game marching band only.

## **2. Participation**

Participation in the marching band at Herriman High School is completely optional. However, participation in a "core" band class concurrently for the entire school year is required to participate in the marching band. Concert Band, Symphonic Band, Wind Symphony and either percussion classes are considered "core" band

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classes. It is required that you remain in one of these classes after the marching season for the duration of the entire year. Violators to this policy will forfeit eligibility to march the following year when applicable.

**\*Color Guard\*** It is strongly recommended that Color Guard participates in dance classes that are offered at their school. **\*Study Hall\*** is required after school on rehearsal days.

### 3. Music

All music must be memorized by the designated deadlines. Music must be passed off to section leaders, designated staff and/or Mr. Larsen or Google Classroom. Section leaders are there to help you so please utilize their help with your music.

### 4. Drill Segments

Members may be asked at various times throughout the season to perform their drill segments and marching technique for their section leaders, staff and/or Mr. Larsen. Drill segments will include proper field position, horn position, body motion, music performance, etc.

### 5. Grades

4th quarter grades are required to be checked to ensure eligibility to participate for fall sports. "Any U.H.S.A.A. sponsored activities must meet academic eligibility as established by the state or region. Music, Flags, when competing must have a 2.0 G.P.A." Members must maintain a 2.0 grade average to be eligible for competitions. WHS eligibility guidelines apply as well during the fall term, so please keep your grades at the required minimum. No "F's" or "NC's" will be allowed at any time during the season.

### 6. Fees

The total fee for opting in to participate in the field show marching band is \$650 + the parade band fee. This amount includes the trips to St. George for State Championships and Bands of America Regional Championship, The basic fee for those students wishing to participate only in the summer parade and fall pregame marching band members is \$75. Band Members are expected to buy Dinkels marching shoes (approximately \$35) Please do whatever is necessary to have your fees paid on time.

### 7. Uniformity

To ensure uniformity of the band, extremes in appearance such as unnatural hair color, facial jewelry, hair over the collar, beards, mustaches, Jedi- braids (or similar), etc. are not permissible at any time during the season. This will be strictly enforced.

### 8. Complaints

I will not complain to anyone who cannot fix the problem. If the problem cannot be fixed, I will still not complain. I will not listen to anyone else complain! This applies to both parents and students.

### Cost Breakdown

**Parade:** \$75                      Due: May 7, 2021

### Marching Band

MBand Fall Camp and Clinic \$200	Due: Aug 2, 2021
MBand Participation (District)\$150	Due: Aug 30, 2021
MBand Fall Fees \$145	Due: Sept 13, 2021
MBand Overnight/St George \$160	Due: Oct 1, 2021

### **MB Total \$655**

**\*\*\$200 Camp charge due the first day of camp August 2, 2021\*\***

**\*Possible off campus MBand Fall Camp and Clinic. If voted YES by the majority of the parents, It will raise the MBand Fall Camp and Clinic fee up by \$50. The total fee would then be \$250.**

**An email will be sent to the parents of students that have signed up for Marching Band to vote on.**

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Please print legibly!

Name \_\_\_\_\_ Instrument or Color Guard \_\_\_\_\_

By signing below we understand and agree to the above stated policies in this contract. We realize that the success of the Herriman High School Marching Mustangs is dependent upon our dedication and commitment to these policies. We agree to have the above named student removed from the Marching Band if these expectations are not adhered to. We also understand that this contract constitutes a binding agreement that the above named student will be enrolled in a marching band at Herriman High School and fees associated with this contract are non-refundable. We also agree to be charged the above stated fees in their entirety as of the appropriate fee deadlines, unless written notice is given to Mr. Larsen that we would like to have the above named student removed from the marching band before this deadline. We also acknowledge that all fees are non-refundable regardless of the above named student's removal from the group either voluntarily or involuntarily after this deadline.

Administration Signature \_\_\_\_\_ Date 3/25/21

Band Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission to the Herriman High School Band program to take and publish photos of my child on social media, websites and other web based entities.

Parent Initial \_\_\_\_\_



SCHOOL CAMP or CLINIC
PARTICIPANT
DISCLOSURE / REGISTRATION

FORM B

Complete this form. Parent/Guardian permission and signature required to participate. Return completed form to School/Location's main office.

Name of Camp/Clinic: Fall Marching Band

Ages/Grades: 9th-12th Grades

Coach: Brandon Larsen

Maximum Number of students: 150 UHSAA Tryout Implications: Yes [ ] No [x]

School/Location: Herriman High School

Dates and Times: Aug 2-6 (Percussion&Guard) Aug9-13 (All) Aug17 through Nov 6 MWTH

Cost: \$ 200.00 Payable to (School/Location): Herriman High School Cash or Credit

Registration Deadline: July 2, 2021

For more information call: Brandon Larsen 801-537-8530

PARTICIPANT INFORMATION

Name of Participant:

M: [ ] F: [ ] Date of Birth: Age: Grade:

Address:

City: State: Zip:

Name of Parent or Legal Guardian:

Phone: Cell:

Email:

In Case of Emergency, Please Notify:

Phone: Cell:

INFORMED CONSENT / WAIVER OF LIABILITY AGREEMENT

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my or my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Jordan School District and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my or my child's participation.

TRANSPORTATION: I acknowledge that Jordan School District does not provide or sponsor transportation in connection with the sport(s), competition(s), practice(s), or program(s) as listed above and that the student, or the student's parent or legal guardian, will be responsible to arrange transportation for the student. I further agree to make such arrangements as a condition of the student's participation.

EMERGENCY TREATMENT: In case of an emergency involving my child, I hereby authorize Jordan School District camp/clinic program staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom.

REFUNDS: Jordan School District may withhold 25% of the refunded registration fee, for administrative costs. Refunds must be requested in person, accompanied with a written refund request. No refunds will be given after the first day of the program.

COLLECTIONS: In the event that my account is referred for collection, I agree to pay Jordan School District for all costs incurred, together with reasonable attorney's fees.

EQUAL OPPORTUNITY: Jordan School District provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.

By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.

Parent or Legal Guardian Signature

Date

Participant Signature

## Jordan School District

### Parent Approval for Student Overnight and/or Extended Trip

Herriman High School Marching Band Group Requesting Trip	Herriman High School School
November 4, 2021 Date of Departure	November 6, 2021 Date of Return
Red Rocks MB State Championship St. George, Utah Destination of Trip	Brandon Larsen Teacher in Charge
Estimated <i>maximum</i> cost to student &/or parents	\$ 160

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#### District No Refund Policy

When, in the sole judgment of the Administration or the Board of Education, in consultation with the school and the participating students and patrons, travel is suspended due to safety or other consideration beyond the control of any or all involved, Jordan School District, the Board of Education, school employees and agents shall have no obligation and shall be held harmless with respect to refund or any expenditures. Participants should not expect refunds for cancellations either individually or as a group.

#### Number of Chaperones paid by Participants

District Policy requires a minimum of 2 chaperones, age 21 or older, with a ratio of 1 chaperone for each 10 students traveling. Additional chaperones may be added at the principal/director's discretion. All costs associated with the chaperones' travel will be paid by the participating students. Each chaperone will be subject to passing a background check as is standard with all volunteers within the school system.

Anticipated # of students traveling 140

Anticipated # of required chaperones \_\_\_\_\_

Anticipated # of chaperones added by principal/director \_\_\_\_\_

#### Parent Certification

I have received and have carefully reviewed the proposed travel itinerary, anticipated expenditures per student and fund raising efforts for the student overnight travel trip described above. I understand that board policy requires that all expenses (including travel expenses for required chaperones) associated with the trip must be paid by the participants themselves, covered by fund raising, or financed by vocational or other state or federal monies provided expressly for the activity. The financial responsibility for the cost of the trip does not rest with the school, the district or the community. I also understand the potential for non-refunds or expenditures when trips are cancelled.

- I am supportive of the proposal and give permission for the below named student to participate in the trip. I also understand that my student is responsible to pay all costs before departure, and have read and am aware of the district no refund policy.
- I am supportive of the proposal but my student will be unable to participate.
- I am NOT supportive of the proposal.

Reason: \_\_\_\_\_

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

\_\_\_\_\_  
Parent's Signature  
I attest by this signature that I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

\_\_\_\_\_  
Date



Jordan School District  
**Medical and Insurance Information**  
**Parent Consent for Student Travel and Medical Treatment**

Student Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Home Address \_\_\_\_\_ Hm Ph: \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Local Relative/Neighbor \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

List known allergies (food, medications, etc.) If none, so state \_\_\_\_\_

List special medical problems. If none, so state \_\_\_\_\_

List any medication(s) the student is presently taking and the purpose. If none, so state \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Medical Insurance Company \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group/Plan # \_\_\_\_\_  
 Current Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

*Please attach a copy of your medical insurance identification card.*

**\*If you do not have medical insurance coverage please read and sign the following:**

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

\*Signature of responsible party: \_\_\_\_\_ Relationship to student \_\_\_\_\_

**CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT**

I, the undersigned, being the parent or the legal guardian of \_\_\_\_\_ DOB \_\_\_\_\_ hereby grant permission for the above named student to travel to Red Rocks, MB Championship St George, Utah with Herriman High School Marching Band during (dates) Nov 4-6, 2021 and hereby grant authorization to the supervisor(s) or chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.

\_\_\_\_\_  
 Signature of person giving consent Date Relationship to student

State of Utah  
 County of Salt Lake

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
 \_\_\_\_\_ who is personally known to me  
 \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_  
 \_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_  
 to be the signer of the above document, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
 Notary Public