

## HENRY CLAY HIGH SCHOOL BAND PROGRAM EXPENSE FORM

**Student's Name:** \_\_\_\_\_ Grade: 9 10 11 12  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please check all appropriate areas in which the student wishes to participate:**

Concert Band/Wind Ensemble/Percussion Methods: **\$125.00\*** \$ \_\_\_\_\_

Steel Band: **\$50.00\*** \$ \_\_\_\_\_

Jazz Band: **\$75.00\*** \$ \_\_\_\_\_

Instrument Rental Expense (if applicable): **\$25.00 per instrument** \$ \_\_\_\_\_

**\*Students must be enrolled in proper course for participation.**

**Program Expense Total (due AUGUST 30<sup>th</sup>)** \$ \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO HENRY CLAY HIGH SCHOOL

**Please give this form and your Program Expense payment to the Director of Bands by August 30<sup>th</sup>.**

If financial assistance is needed, please consult the Financial Assistance section of the Band Handbook and see the Directors for more information.

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street  
Lexington, Kentucky 40502  
(859) 381-4100

PARENTAL PERMISSION FOR  
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION

*This form is used to establish formal parental permission for student transportation.*

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, hereby grant permission to Fayette County Public Schools to transport my child to all activities for the Henry Clay Band Program schedule. My child participates in the Henry Clay High School Band. I acknowledge the Henry Clay Band activity schedule denotes the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to be used. I do further certify that I am of full legal capacity to execute this authorization.

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

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

(This form must be turned in at the beginning of the year to take any trips with the HCHS Band)

**HENRY CLAY HIGH SCHOOL BAND  
EMERGENCY MEDICAL AUTHORIZATION AND  
RELEASE FROM LIABILITY FORM  
School Year 20\_\_ - 20\_\_**

STUDENT: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

OVER THE COUNTER AND/OR PRESCRIPTION MEDICATION: \_\_\_\_\_

MEDICATION/FOOD ALLERGIES: \_\_\_\_\_

MEDICAL CONDITIONS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

PRIMARY CARE PHYSICIAN (NAME, ADDRESS, PHONE NUMBER): \_\_\_\_\_

MEDICAL INSURANCE COMPANY NAME: \_\_\_\_\_

GROUP/PLAN #: \_\_\_\_\_ POLICY/SUBSCRIBER #: \_\_\_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BY SIGNING THIS FORM I HEREBY GIVE MY PERMISSION FOR MY CHILD \_\_\_\_\_ TO PARTICIPATE IN ALL HENRY CLAY HIGH SCHOOL BAND ACTIVITIES. I UNDERSTAND SUCH ACTIVITIES MAY REQUIRE TRANSPORTATION OF MY CHILD TO LOCATIONS AND SCHOOLS OTHER THAN HENRY CLAY HIGH SCHOOL. BY ALLOWING MY CHILD TO PARTICIPATE IN BAND ACTIVITIES AS INDICATED ABOVE, I AGREE TO *RELEASE FROM LIABILITY AND HOLD HARMLESS* HENRY CLAY HIGH SCHOOL BAND, HENRY CLAY BAND BOOSTERS, THE BAND DIRECTOR(S), AND/OR ANY DESIGNATED BAND STAFF/PARENT CHAPERONES FROM ANY AND ALL PERSONAL INJURY AND/OR PROPERTY DAMAGE OR LOSS WHICH MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN BAND ACTIVITIES.

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY AFTER REASONABLE EFFORT, AND IF SCHOOL AND/OR MEDICAL PERSONNEL DEEM IMMEDIATE TREATMENT IS MEDICALLY NECESSARY TO PREVENT FURTHER INJURY OR DEATH, I AUTHORIZE SCHOOL AUTHORITIES TO TRANSPORT OR PERMIT MY CHILD TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT.

I HEREBY AGREE TO ASSUME FULL FINANCIAL RESPONSIBILITY FOR PAYMENT OF EMERGENCY MEDICAL SERVICES RENDERED FOR TREATMENT UNDER SUCH CIRCUMSTANCES.

MY SIGNATURE BELOW INDICATES I AM THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD AND THAT I HAVE READ AND UNDERSTAND THIS *EMERGENCY MEDICAL AUTHORIZATION AND RELEASE FROM LIABILITY FORM*.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# FAYETTE COUNTY PUBLIC SCHOOLS

701 EAST MAIN STREET  
LEXINGTON, KY 40502  
(859) 381-4100

## PARENTAL PERMISSION FOR MEDIA OR DISTRICT BROADCAST, WEB OR OTHER PUBLICATION OF STUDENT'S PHOTOGRAPH, LIKENESS, WORK AND/OR VOICE FOR SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_

*This form is used to establish formal parental permission for students and their work to be shown in photographs, audio/videotapes, and interviews with the news media, Fayette County Public Schools (FCPS) educational access channel or Web site. Please call your school if you have questions.*

### STUDENT RECOGNITIONS AND SCHOOL PUBLICATIONS

Throughout the year there may be programs, meetings or events (i.e. school-wide assembly or FCPS Board meeting) that are open to the public and where individual or large group photographs or videotapes will be taken by the media or school district staff to recognize student achievement. In addition, your child's name and photograph will appear in school publications such as the yearbook or newsletter. **Your consent to these types of photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.**

### MEDIA COVERAGE AND DISTRICT PUBLICATIONS

- I give permission for my child to be individually photographed, audio/videotaped or interviewed by the **media**.  
Yes  No
- I give permission for my child to be individually photographed or audio/video taped by district personnel for broadcast **on the FCPS educational access channel, Web site or district publications**.  
Yes  No
- I give permission for my child's work, name, grade, and school to **appear on the FCPS educational access channel, Web site or district publications**.  
Yes  No

I further release the Board of Education of Fayette County, Kentucky, and any of its employees or agents, from any compensation or damages in its use of photographs, audio/videotapes or interviews for district dissemination via the website, print or cable access channel or the media's use of same. I do further certify that I am of full legal capacity to execute the above authorization and release.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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