

# LGHS Tribe

Parent/Student

Information Packet

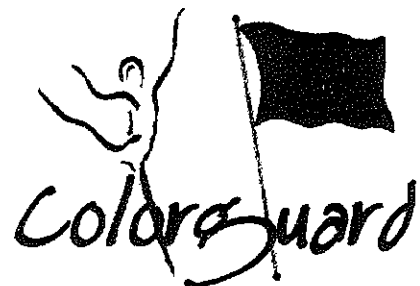
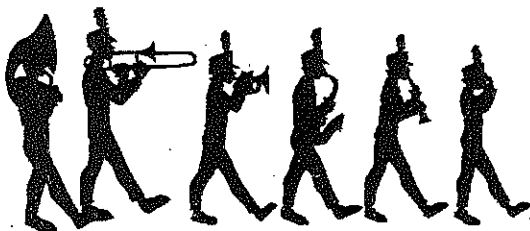
2017-2018

[lghsmarchingband@aol.com](mailto:lghsmarchingband@aol.com)

Please see us on Facebook!

LGHS "The Tribe" Marching Band

[www.lghsband.com](http://www.lghsband.com)



# Welcome to The Tribe's 2017-2018 season!

In this packet, you will find important information about the season and the paperwork that needs to be completed to participate.

## **Band Booster:**

All band parents are a Band Booster; no, there are no membership fees. As a Band Booster, you are able to contribute your time and talents to make our Band program the best it can be. To participate in the program you must be an approved volunteer. Please see the volunteer information in this packet.


### **2016-2017 LGHS Band Booster Executive Board**

President:	Robin Hutchinson
Vice-President:	Deirdre Santiago
Treasurer:	Lori Williams
Secretary:	Carolyn Hughes


## **Events of the Tribe Band:**

Each student will receive a pink calendar at the beginning of the year that will have all of the events that the band will be participating in along with practice times. Please understand that these dates may change due to unforeseen circumstances.


**May 20<sup>th</sup>**

 Get Acquainted Event



**July 24<sup>th</sup>-25<sup>th</sup>**

 Band Camp for new members, Officers, percussion, and color guard


**July 26<sup>th</sup>-August 2<sup>nd</sup>**

 Band camp for all members of band




**August-October**

-  Marching Season
- Practices Tuesdays & Thursdays 6:00pm-8:30pm
  - Games- Friday nights Home and Away
-  Marching Competitions


**November:**

 All County Tryouts





**December:**

-  Christmas Parade
-  Concert and Symphonic Band Practices
-  Winter Concert





**January:**

-  Color Guard practices- Tuesdays & Thursdays




**February:**

-  Color Guard Practice- Tuesdays & Thursdays
-  MPA Solo & Ensemble
-  MPA Jazz
-  Symphonic & Concert Practices




**March:**

-  Color Guard Practice- Tuesdays & Thursdays
-  Symphonic and Concert Practices
-  MPA Concert
-  State Solo & Ensemble

**April:**

-  All County Rehearsal & Concert
-  Symphonic Practices
-  State Concert MPA

**May:**

-  Concert & Symphonic Practice
-  Spring Concert & Auction
-  Awards Ceremony

- Band Booster Meetings will be held the 2<sup>nd</sup> Monday of each month.

**Rehearsals and Performances:**

- Attendance at all rehearsals and performances is required.
- To be a superior band requires a 100% from all participants.

## **Marching Season:**

- The Tribe will march at all home games and 2-3 away games.
- Game day students will arrive to school at designated call time. They will need to be dressed in their “under uniform” which consists of the show shirt, plain black athletic shorts, long black socks and black marching shoes.
- Marching uniforms will be housed in the band room all season. Students will dress in uniforms right before taking the field.
- Students will be expected to attend all games for the entire game. Students will play in the stands for 1<sup>st</sup> and part of 2<sup>nd</sup> quarter. Half time they will be on field. 3<sup>rd</sup> quarter they will break for dinner at the concession stand. 4<sup>th</sup> quarter they will play in the stands.
- After game, they will return to band room and put up instruments, uniforms and then be dismissed.

## **Support the Band**

- You will have opportunity to purchase many things throughout the year to show your support for the band. Items include LG Band Decals, shirts, bracelets and more.
- Fundraisers will occur throughout the year. Please help the band by participating in these fundraisers. It takes thousands of dollars to run a band program and we need everyone’s help.
- You can help by working in the concession stand during football season. By working in the concession stand, your time will be rewarded by giving you credits toward your band dues. Up to two adults from the same family can work a concession night to earn money toward dues.

## **Contact Information:**

Facebook: [www.lghsband.com](http://www.lghsband.com)

Boosters email: [lghsmarchingband@aol.com](mailto:lghsmarchingband@aol.com)

Director email: [lghsbanddirector@aol.com](mailto:lghsbanddirector@aol.com)

Text updates & reminders (Twitter acct.) Text: follow@LGHSband to 40404

Band Office Phone: 863-853-6146

## **Band Member Application Procedure:**

1. Complete & sign Partnership Agreement
2. Student/Parent Information Sheet completed
3. Blanket Field Trip Form & Medical Form notarized and signed
4. Volunteer Form- completed
5. Make payment

Student Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

**LGHS Band Partnership Agreement**

I understand that Tribe dues in the amount of \$275 are the yearly expenses for my child to participate in the band program. I also understand that I will have the opportunity to decrease Tribe dues through volunteering and fundraising.

<b>Marching Band Expenses</b>	<b>Color Guard Expenses</b>
<p><b>\$175 = General Operating Cost for one year:</b></p> <ul style="list-style-type: none"> <li>• Instructors</li> <li>• Clinicians</li> <li>• Show Shirt</li> <li>• Marching Gloves (1 pair)</li> <li>• Game Day Meals</li> <li>• Traveling Expenses for football games and competitions.</li> </ul> <p><b>\$100 = Uniforms (Marching and Concert)* required by school</b></p> <ul style="list-style-type: none"> <li>• Rental</li> <li>• Alterations</li> <li>• Cleaning</li> </ul> <p><b>Other Items students may need and will need to be purchased outside of dues:</b></p> <ul style="list-style-type: none"> <li>• *Marching Shoes must be purchased= \$27 ordered through Band Director</li> <li>• Flip Chart</li> <li>• Lyre</li> <li>• Additional Gloves</li> <li>• Instrument Repairs</li> <li>• Instrument Rental</li> <li>• Water Cooler</li> <li>• Extra Tribe shirts, show shirts or Tribe Sweatshirt</li> </ul>	<p><b>\$175 = General Operating Cost for one year:</b></p> <ul style="list-style-type: none"> <li>• Instructors</li> <li>• Clinicians</li> <li>• Show Shirt</li> <li>• Marching Gloves (1 pair)</li> <li>• Game Day Meals</li> <li>• Traveling Expenses for football games and competitions.</li> </ul> <p><b>\$100 = Uniforms (Marching and Competition)* required by school</b></p> <ul style="list-style-type: none"> <li>• Rental</li> <li>• Alterations</li> <li>• Cleaning</li> </ul> <p><b>Other Items students may need and will need to be purchased outside of dues:</b></p> <ul style="list-style-type: none"> <li>• Marching Shoes must be purchased = \$35 ordered through Band Director</li> <li>• Tights</li> <li>• Warm-ups</li> <li>• Shoes</li> <li>• Unitard</li> <li>• Jazz Pants</li> <li>• Guard Sports Bag</li> <li>• Water Cooler</li> <li>• There may be additional costs for the Winter Guard season.</li> <li>• Extra Tribe shirts, show shirts or Tribe Sweatshirt</li> </ul>
<p style="text-align: center;"><b><u>Tribe Dues Payment Schedule</u></b></p> <p><b><u>1<sup>st</sup> Payment = \$100: Due: July 26, 2017 First day of band camp</u></b>  <b><u>2<sup>nd</sup> Payment = \$100: Due: September 1, 2017</u></b>  <b><u>3<sup>rd</sup> Payment = \$75: Due: November 10, 2017</u></b>            Payment can be taken in full.            Payment 1 &amp; 3 checks made out to LGHS Band            Payment 2 check made out to LGHS</p>	<p style="text-align: center;"><b><u>Tribe Dues Payment Schedule</u></b></p> <p><b><u>1<sup>st</sup> Payment = \$100: Due: July 26, 2017 First day of band camp</u></b>  <b><u>2<sup>nd</sup> Payment = \$100: Due: September 1, 2017</u></b>  <b><u>3<sup>rd</sup> Payment = \$75: Due: November 10, 2017</u></b>            Payment can be taken in full.            Payment 1 &amp; 3 checks made out to LGHS Band            Payment 2 check made out to LGHS</p>

By volunteering or fundraising your dues can be paid down. All credit from these efforts will be updated each month on the student financial report by our Treasurer.

Payments to LGHS Band can be made by cash, check, Visa/MasterCard debit or credit and PayPal.

Student Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

We frequently put pictures and video of our performances and events on our website. Please indicate if we have permission to include your child on Facebook and [www.lghsband.com](http://www.lghsband.com).

\_\_\_\_\_ Yes \_\_\_\_\_ No

By signing this agreement you are verifying the following:

- Being a member of "The Tribe" is physically demanding your child is in the health necessary to participate in the 2017-2018 Marching Band and Color Guard activities.
- Payment of all dues is required.
- Supporting and having a positive impact at all Tribe events.

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

\_\_\_\_\_  
Date

\*\*\*\*\* Office Use Only\*\*\*\*\*

Marching Band	Color Guard
Dues: \$275	Dues: \$275
Payments:	Payments:
<u>Date</u>	<u>Date</u>
_____ 1 <sup>st</sup> = \$100 ___ cash ___ Ck Rcpt.# _____	_____ 1 <sup>st</sup> = \$100 ___ cash ___ Ck Rcpt.# _____
_____ 2 <sup>nd</sup> = \$100 ___ cash ___ Ck Rcpt.# _____	_____ 2 <sup>nd</sup> = \$100 ___ cash ___ Ck Rcpt.# _____
_____ 3 <sup>rd</sup> = \$75 ___ cash ___ Ck Rcpt.# _____	_____ 3 <sup>rd</sup> = \$75 ___ cash ___ Ck Rcpt.# _____
Pictures/Videos : _____ Yes _____ No	Pictures/Videos : _____ Yes _____ No
Parent Approved Volunteer: _____ Yes _____ No	Parent Approved Volunteer: _____ Yes _____ No
Medical Form: _____ Yes _____ No	Medical Form: _____ Yes _____ No

**\*\*\*Please Print Neatly\*\*\***

## STUDENT INFORMATION

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE #(\_\_\_\_\_) \_\_\_\_\_ STUDENT CELL# (\_\_\_\_\_) \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_ INSTRUMENT \_\_\_\_\_

LANGUAGE SPOKEN IN YOUR HOME IS: \_\_\_\_\_ DO YOU DRIVE OR ARE YOU A CAR RIDER? \_\_\_\_\_  
(this information helps when we make phone calls)

I LIVE WITH: MOTHER FATHER GRANDPARENTS GUARDIAN (circle all that apply)

STUDENT T-SHIRT SIZE: \_\_\_\_\_ PLEASE INDICATE ONE OF THE FOLLOWING SIZES.....XS, SM, MED, LRG, XL, 2X, 3X, 4X, 5X

DO YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES TO MEDICINE OR FOOD: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

MOTHER'S NAME \_\_\_\_\_ CELL # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_ BEST TIME TO CONTACT: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL# (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S EMAIL ADDRESS: \_\_\_\_\_ BEST TIME TO CONTACT: \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

CELL# (\_\_\_\_\_) \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BEST TIME TO CONTACT: \_\_\_\_\_

**In the event that we are unable to reach a parent/guardian please list an additional 2 emergency contacts.**

### 1st EMERGENCY CONTACT:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

### 2nd EMERGENCY CONTACT:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

THE SCHOOL BOARD OF POLK COUNTY, FLORIDA  
BLANKET FIELD TRIP PERMISSION FORM

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ has my permission to participate in all  
Name of student  
field trips to be taken by \_\_\_\_\_  
Name of organization/group

during the \_\_\_\_\_ school year. As parent/guardian I acknowledge the following:

1. School officials are authorized to obtain emergency medical treatment for this student as necessary.
2. The School Board has made available to this student the opportunity to purchase student accident insurance.
3. During this field trip, that the School Board will not be liable for injury to this student as result of the negligence, errors, and omissions of others (i.e., charter bus owners and drivers, or amusement park owners or workers), their agents, heirs, employees or assigns either through their action or inaction.
4. If your child takes personal belongings on this field trip, he or she will be responsible for them. The School Board accepts no responsibility for personal items, such as watches, purses, money, cameras, and wallets, etc. If a student stores personal items in a locker at an amusement park, that entity may be responsible for any loss or damage.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

NOTES:

1. THIS BLANKET FORM MAY BE USED FOR TRIPS OF A SIMILAR NATURE, WHICH ARE REPEATED DURING THE SCHOOL YEAR.
2. FOR ALL OUT-OF-COUNTY TRIPS, A NOTARIZED MEDICAL TREATMENT AUTHORIZATION FORM MUST ALSO BE AVAILABLE. THE MEDICAL FORM MUST BE COMPLETED PRIOR TO THE STUDENT'S FIRST OUT-OF-COUNTY TRIP AND SHOULD BE RETAINED FOR USE DURING THE REMAINDER OF THE SCHOOL YEAR.



THE SCHOOL BOARD OF POLK COUNTY, FLORIDA  
MEDICAL TREATMENT AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I the undersigned parent/guardian of \_\_\_\_\_ hereby authorize any necessary

medical treatment for this student while participating in field trips conducted under the sponsorship of

\_\_\_\_\_ during the \_\_\_\_\_ school year and  
Name of School

guarantee payment of all charges incurred as a result of this medical treatment

INFORMATION:

ALLERGIES TO FOOD, MEDICATION, ETC. (If none, so state.) \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS (If none, so state.) \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ PHONE NO \_\_\_\_\_

PARENT/GUARDIAN NAME. \_\_\_\_\_

Please Print

PARENT/GUARDIAN HOME ADDRESS, \_\_\_\_\_

HOMEPHONE \_\_\_\_\_ Street Address

WORKPHONE. \_\_\_\_\_

City

Insurance Company

Policy No. or Group No.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

I hereby certify that the foregoing was executed before me this \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_

\_\_\_\_\_ as identification and who did (did not) take an oath.

Notary Public, State of Florida

THIS FORM IS TO BE USED FOR ALL OUT-OF-COUNTY FIELD TRIPS EXCEPT ATHLETIC  
ACTIVITIES. THE FORM SHOULD BE COMPLETED PRIOR TO THE STUDENT'S FIRST  
OUT-OF-COUNTY TRIP AND RETAINED ON FILE FOR THE REMAINDER OF THE SCHOOL  
YEAR

## The Tribe Needs You!!

Get involved in your student's Band experience. Producing a successful year is the result of a phenomenal effort of all our parents/guardians. We appreciate your willingness to offer your time and talents.

Volunteer Information:

Please check one:

- \_\_\_\_\_ Yes, I am already an approved volunteer and will join the team.
- \_\_\_\_\_ No, I am not an approved volunteer but will apply to become one and will join the team.
- \_\_\_\_\_ No, I am not interested in volunteering.

**A. If you checked that you are not yet approved you must do the following as soon as possible to become approved and start volunteering.**

1. Fill out attached volunteer application form.
2. Submit \$25 along with your form and turn it into the main office of Lake Gibson High School.

**B. If you are already an approved volunteer please fill out the following:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you: (circle one)    call            text            email

I am available to help at these times: \_\_\_\_\_ AM \_\_\_\_\_ PM

I am available to help on these days: \_\_\_\_\_ weekdays  
\_\_\_\_\_ weeknights \_\_\_\_\_ weekends

**C. Please circle all areas that you would be willing to assist.**

<ul style="list-style-type: none"><li>• Concessions ( earns credit for dues)</li><li>• Uniforms</li><li>• Equipment</li><li>• Color Guard</li><li>• Fundraising</li><li>• Office</li><li>• LPN,RN,MD</li><li>• Marketing</li><li>• Concerts</li></ul>	<ul style="list-style-type: none"><li>• Video</li><li>• Photography</li><li>• Web Master</li><li>• Public Relations</li><li>• Community Sponsors</li><li>• Handyman Jobs</li><li>• Chaperoning</li><li>• Serving meals/snacks</li><li>• Game Day Prep</li></ul>
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**POLK COUNTY PUBLIC SCHOOLS  
2016-2017 VOLUNTEER APPLICATION**

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In order to apply, you will need to:

1. Confirm with the school that you are not already an approved volunteer.
2. Review the qualifications carefully before you sign the application.
3. Obtain a personal check or money order payable to the Polk County School Board in the amount of \$25.00 to cover the Florida Department of Law Enforcement background check required for all applicants. \*\*Active and sworn law enforcement officers with arresting power, current / retiring PCPS employees, active Kelly substitute teachers, registered PCPS students and college students majoring in Education are **EXEMPT** from paying the \$25.00 background check fee. Attach a copy of verifying documentation such as an officer photo ID badge and member number OR an employee / student ID badge.
4. Bring completed application and non-refundable \$25.00 payment to the school (please allow 2 to 3 weeks to complete the application process).

**\*REQUIRED INFORMATION**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
No SSN

\*Gender: \_\_\_\_\_ \*Race: \_\_\_\_\_

\*Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*\*If you are an applicant that is **EXEMPT** from the \$25.00 background fee (as stated above), please specify here: \_\_\_\_\_

**\*List the school(s) where you will volunteer:**

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

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

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

Department of Public Relations & Strategic Partnerships

863.534.0636

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(rev 8.16)

## QUALIFICATIONS

All volunteer applicants will be required to undergo a level 1 criminal background screening by the Florida Department of Law Enforcement. Active and sworn law enforcement officers with arresting power, current / retiring PCPS employees, active Kelly substitute teachers, registered PCPS students and college students majoring in Education are **EXEMPT** from paying the \$25.00 background check fee. Attach a copy of verifying documentation such as an officer photo ID badge and member number OR an employee / student ID badge.

### **NOT ELIGIBLE TO VOLUNTEER**

- If a person has been found guilty of any felony offense, regardless of adjudication, expungement, or entered a plea of nolo contendere or guilty to any offense constituting a felony under Florida law or the jurisdiction in which the offense occurred.
- If a person is found guilty of any misdemeanor offense within the past 5 years.
- If a person has ever been convicted of a crime related to the offenses specified in or subject to:
  - Florida Statute 787.025 Relating to Luring or Enticing a Child
  - Florida Statute 796.07 Prostitution
  - Florida Statute 800.03 Exposure of Sexual Organs
  - Florida Statute 810.145 Voyeurism

### **MAY BE CONSIDERED TO VOLUNTEER**

- If convicted or judicial action of any misdemeanor offense is more than 5 years old.

I specifically authorize the release of my confidential criminal history to Polk County School Board pursuant to The National Child Protection Act and F.S. 943.0542. Volunteers may challenge the record only as provided in F.S. 943.056.

- I affirm that my responses are true, complete and correct to the best of my knowledge and are made in good faith.
- I agree to abide by the rules and regulations of the volunteer program. I understand that all involvement with students is restricted to approved school activities.
- I acknowledge that I have read the qualifications provided.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, genetic information, homelessness, disability or other basis prohibited by law in any of its programs, services, activities or employment. To file concerns, you may contact the Equity & Compliance Analyst in the Human Resource Services Division at (863) 534-0513 or P.O. Box 391 Bartow, Florida 33831.