

**2023-2024 BCHS Band Programs  
Student Information and Fee Form  
Please Complete One Form Per Student**

We will not share personal information. Band Boosters use email regularly to communicate announcements and important updates via weekly newsletters. Please print clearly.

**There is a \$425 band fee for all new band members due prior to band camp. The fee covers (1) pair of shoes, (1) tights (auxiliary), (2) shirts, (2) mesh shorts. Tuba, Baritone, French Horn and Percussion Instruments are provided by the school, players will have an additional \$50 instrument rental maintenance fee.**

**There is a \$375 band fee for all returning band members due prior to band camp. The fee covers, (2) shirts, (2) mesh shorts. Tuba, Baritone, French Horn and Percussion Instruments are provided by the school, players will have an additional \$50 instrument rental maintenance fee.**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Nickname: \_\_\_\_\_ Grade (2023-2024) 9 10 11 12

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student Email \_\_\_\_\_

Student Primary Address: \_\_\_\_\_

Mom/Guardian Name: \_\_\_\_\_ Mom/Guardian Cell: \_\_\_\_\_

Dad/Guardian Name: \_\_\_\_\_ Dad/Guardian Cell: \_\_\_\_\_

Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_

Concert Band Instrument: \_\_\_\_\_ Marching Band Instrument: \_\_\_\_\_

**Mandatory Freshman/New Band Member Fee \$425**

Fee is non-refundable

**Mandatory Returning Member Band Fee: \$375**

Fee is non-refundable

Tuba, Baritone, French Horn & Percussion (School Provided) Instrumental Rental/Maintenance Fee (\$50) \$ \_\_\_\_\_

Additional Shirts @ \$15 each x \_\_\_\_\_ = \$ \_\_\_\_\_

Additional Shorts @ \$10 each x \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

Shirt Size      Small    Medium    Large    XLarge    XXLarge    XXXLarge

Shorts Size      Small    Medium    Large    XLarge    XXLarge    XXXLarge

Checks should be made payable to BCHS Band Boosters. Please write student name in the memo line. Mail this form and payment to the address below or place in the lock box located in the band room.

**Payments must be received by May 26th**

BCHS Band Boosters  
PO Box 111328, Naples, FL 34108



## Cougar Band Information

### Deadlines

May 26<sup>th</sup> – Band fees due in full

May 26<sup>th</sup> – Paperwork due




July 14<sup>th</sup> – Physicals due

### Contacts:

- Brett Robinson, Director of Bands  
(239) 377-1356 or robinb@collierschools.com
- BCHS Band Boosters, Julie Ryon- President  
PO Box 111328, Naples, FL 34108  
bchband@gmail.com or Jryon23@gmail.com

Website-Calendar     [www.bchsband.org](http://www.bchsband.org)

### Social Media

	Follow @BCHSCougarBand on Twitter.
	Follow @bchscougarband on Instagram.
	Like "BCHS Cougar Band" on Facebook.

# 2023-2024 BCHS Band Programs

## Band Booster Membership Form



**The Barron Collier High School Band Boosters Organization is dedicated to the continued success of the Barron Collier High School band programs and hopes through its efforts to be able to assist in providing a rewarding music education opportunity to the students of Barron Collier High School. Membership is strongly encouraged for all band and auxiliary parents. It allows you to chaperone events, vote in booster meetings, and support the organization that is focused on your student! Booster membership lasts for one academic year.**

**Parent Name(s):** \_\_\_\_\_

**Parent E-mail(s):** \_\_\_\_\_

**Parent Preferred Contact Number:**  
**(Please circle) Home or Cell** \_\_\_\_\_

**Band Student Name(s):** \_\_\_\_\_

**Booster Membership is \$30 per household.**

Please complete form and submit with a check payable to "BCHS Band Boosters". Students can drop off form and payment to the lockbox located in the band room.

**Administrative Use:** Cash \_\_\_\_\_; Check \_\_\_\_\_; Date \_\_\_\_\_; Initials \_\_\_\_\_

# Heat-Related Illness Guidelines & Information

## Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's way of cooling itself, but when a person's body temperature rises rapidly, sweating is not enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids (water). Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

Symptoms of heat-related illness may include:

- Fainting (Unconsciousness)
- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness or cramps
- Nausea and vomiting
- Rapid heartbeat, which may be either strong or weak
- Rapid, shallow breathing
- Behavioral changes such as confusion, disorientation, or staggering
- Seizures

**PARENTAL/GUARDIAN CONSENT TO PARTICIPATE  
AND RELEASE FROM LIABILITY**

I hereby give my consent for my child, as a Collier County School District (“the District”) high school student, to participate in District music performance assessments, extracurricular, or co-curricular music activities (including marching band, color guard, drum line, and so on). I and my child have reviewed the Florida School Music Association (FSMA) Rules and Regulations pertaining to eligibility (available at [www.flmusiced.org](http://www.flmusiced.org) under FSMA Rules and Regulations). I and my child recognize that he/she must follow all District policies, rules, and procedures, including the Code of Student Conduct.

In providing consent, I am aware of the risks involved in such participation. We both understand that injury, including the potential for a concussion head-related illness, of any other injurious events, is possible in such participation, and choose to accept the risks involved. I voluntarily accept any and all responsibility for my child’s safety and welfare while participating in these activities, with full understanding of the risks involved. Accordingly, I hereby release and hold harmless the District School Board, its employees and agents, the adjudicators of the sanctioned event from any and all responsibility and liability for any injury or claim arising from such participation and agree to take no legal action against the District because of any accident or mishap involving my child’s participation.

In this regard, I authorize the District to review all academic records relevant to my eligibility including, but not limited to, my records relating to enrollment and attendance, age, discipline, finances, residence, and physical fitness. I also authorize the use or disclosure of all health information relating to my child should treatment for illness or injury become necessary. This shall include emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the District with respect to participating in the activities noted above. Finally, if I have knowledge about the risk of continuing to participate if such an injury is sustained without proper medical clearance, I will inform the District accordingly, as well as, of any other underlying medical condition of which I am aware.

\_\_\_\_\_  
Name of Parent/Guardian (Printed)  
Date: \_\_\_\_\_

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

\_\_\_\_\_  
Name of Student (Printed)  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student



## PARENTS

Please complete this form and return to your child's school.

### 1. MEDIA RELEASE

We need parent permission to use a child's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated.

- Yes – I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice, and name in media projects by Collier County Public Schools (CCPS) to print, broadcast, Internet media outlets, such as newspapers, radio and television stations, and news websites. In consideration of the opportunity for my child to participate, I release Collier County Public Schools, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice, or name, and the use, sale, editing, and release to media outlets.
- No – I do not consent** to non-CCPS use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

### 2. AUTHORIZATION TO RELEASE DIRECTORY INFORMATION (YEARBOOK)

In accordance with State and Federal law, the Family Educational Rights and Privacy Act (FERPA), as well as School Board Policy 8330, which protects the confidentiality of student information, the providing of student directory information is limited. We are mindful, however, that photographers for school pictures and yearbook pictures, as well as vendors for cap and gowns, class rings, and graduation announcements, may seek directory information in the forms of your child's name, address, school identification number, and telephone number to carry out their services.

Please check the appropriate boxes below noting whether you agree or do not agree to provide such directory information. If we do not receive this form back within fourteen (14) days, we will assume you have consented to the release of directory information to the photography companies and graduation vendors described above.

- Yes –** the school may release directory information (student name and identification number only) in order to have my child's picture taken by the photography company.
- No –** the school may not release directory information (student name and identification number only). My child's picture will not be taken by the photography company and will not be included in the school yearbook.

### 3. EDUCATIONAL SOCIAL MEDIA PARENT PERMISSION

In Collier County Public Schools, your child's teacher(s) may use Educational Social Media (such as Flipgrid) as a digital learning resource. These tools provide a free and secure learning network for teachers, students, and schools. They also provide a safe way for students to connect, share content, access homework, participate in discussions, and receive class information.

These Educational Social Media platforms are accessible online and through any mobile device with internet capabilities – including free apps for iPhone, iPad, and Android devices. Students can access their account from any mobile device or computer and set up notifications within the platforms to receive alerts/reminders. Parents may also access their child's account in these systems and monitor all activity.

Educational Social Media tools will not be used as a social network like Facebook or Twitter. These tools will be used strictly for educational purposes with the following guidelines:

Students will be required to use appropriate grammar instead of texting language. These tools will be used to discuss school-related content only. No put-downs or sarcasm toward another's ideas will be tolerated. All school rules and consequences related to harassment apply.

**Pursuant to Policy 7540.03 and Administrative Procedure 7540.03, students who violate the guidelines above may face disciplinary action and/or face losing the privilege of using Educational Social Media.**

- Yes – I give my permission** for my child to establish an Educational Social Media account for use at his/her school.
- No – I do not give my permission** for my child to establish an Educational Social Media account.

**TURN PAGE OVER - SIGNATURE REQUIRED ON THE REVERSE**

#### 4. NOTICE REGARDING CODE OF STUDENT CONDUCT (2022-2023 SCHOOL YEAR)

Discipline within the school is the joint responsibility of school personnel, students, and parents. The Code of Student Conduct (Code) recognizes the need for a cooperative relationship between student, parent, and educator. The following responsibilities reflect such a cooperative relationship:

##### **ROLE RESPONSIBILITIES**

##### **PARENTS**

1. Keep in regular communication with the school concerning their child's conduct and academic progress.
2. Ensure that their child is in daily attendance and/or report and explain absences to school personnel.
3. Provide their child with resources needed to complete class work.
4. Ensure their child is well groomed, neat and clean.
5. Bring to the attention of school authorities any problem or condition which negatively affects their child or other children of the school community.
6. Discuss course selections, report cards, and work assignments with their child.
7. Ensure the good health of their child.
8. Foster a positive attitude toward the school.
9. Practice and encourage the District's adopted character traits. (*Citizenship, Cooperation, Honesty, Kindness, Patriotism, Perseverance, Respect, Responsibility, Self-Control, and Tolerance*)

##### **STUDENTS**

1. Attend all classes and are prompt.
2. Are prepared for class with appropriate working materials.
3. Are respectful of individuals' property and rights.
4. Conduct themselves in a safe and responsible manner.
5. Are well groomed, clean, and neat.
6. Are responsible for their actions.
7. Abide by the rules and regulations set forth by the District, school, and/or individual classroom teacher.
8. Practice and encourage the District's adopted character traits. (*Citizenship, Cooperation, Honesty, Kindness, Patriotism, Perseverance, Respect, Responsibility, Self-Control, and Tolerance*)

**Parents are requested to review and discuss the Code with their child as well as sign and return this form to school.** A copy of this form will be kept on file at school.

Parents and/or students may obtain a copy of the Code through the following means:

- Online at <http://www.collierschools.com/codeofstudentconduct>
- Electronic versions can be emailed to parents with email addresses on file.
- Paper copies will be available at  
Dr. Martin Luther King, Jr. Administrative Center  
Department of Student Relations  
5775 Osceola Trail • Naples, FL 34109

#### 5. ACKNOWLEDGEMENT OF RECEIPT AND USAGE OF DISTRICT OWNED DEVICE

I acknowledge that my child has received a Collier County Public Schools owned laptop or tablet device. By accepting possession of this device, I understand that I am accepting responsibility for safeguarding this device. I also acknowledge that the Code of Student Conduct and the Student Network Acceptable Use Policy (Policy 7540.03) apply at all times that my child is using this district owned device. In addition, I understand that Collier County Public Schools retains ownership of this device. If my child leaves his/her currently assigned Collier County Public School, I understand that this device must be returned to this school.

#### 6. STUDENT INFORMATION

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**IN SIGNING THIS DOCUMENT, I UNDERSTAND THAT WHERE I HAVE CHECKED THE BOX "YES," IN ANY OF THE SECTIONS 1, 2, 3, AND 5 ABOVE, I AM AUTHORIZING THE DISTRICT TO RELEASE INFORMATION THAT MIGHT OTHERWISE BE PROTECTABLE UNDER LAW. WITH RESPECT TO SECTION 3, BY PROVIDING PERMISSION, I UNDERSTAND THAT MY CHILD IS EXPECTED TO FOLLOW THE GUIDELINES FOR EDUCATIONAL SOCIAL MEDIA.**

**FAILURE TO READ THE CODE OF STUDENT CONDUCT OR RETURN THIS ACKNOWLEDGEMENT WILL NOT RELIEVE STUDENTS AND/OR PARENTS FROM RESPONSIBILITY FOR KNOWLEDGE OF THE CONTENTS OF THE CODE AND WILL NOT EXCUSE STUDENTS FROM COMPLIANCE WITH THE PROVISIONS OF THE CODE.**

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

Parent or legal guardian name: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_

*Student signature is required ONLY if the student is over 18 years of age.*

Student signature: \_\_\_\_\_



Exhibit A

**Student Travel Authorization**

**COLLIER COUNTY PUBLIC SCHOOLS**

I, the undersigned parent or legal guardian of \_\_\_\_\_  
Name of Student

grant permission for my child or ward to travel to \_\_\_\_\_  
Destination

sponsored by \_\_\_\_\_ of \_\_\_\_\_ School.  
Name of School Group

I understand the students are scheduled to depart from the school at \_\_\_\_\_ a.m. / p.m.

on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_.  
Day of Week Month

I understand, acknowledge and agree that:

The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

If this box is checked this student travel involves a water related activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Please print name on this line

\_\_\_\_\_  
Emergency Contact Number



# Participant Physical Evaluation

## Part 1. Student Information

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_ Grade in School: \_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Parent/Guardian E-mail: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History

To be completed by parent/guardian or student. Please Circle Yes (Y) or No (N) "YES" answers should be explained.

Have you been diagnosed with a new medical condition since your last check up or physical? **Y or N**

If yes, please explain: \_\_\_\_\_

Do you have an ongoing chronic illness or medical condition? **Y or N** If so, please list:

\_\_\_\_\_

Have you ever had surgery? **Y or N**

If yes, please explain: \_\_\_\_\_

Are you currently taking any prescription or non-prescription (over-the-counter) medications or using an inhaler? **Y or N**

If yes, please explain: \_\_\_\_\_

6. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? **Y or N**

List: \_\_\_\_\_

If so, do you require an epi-pen or emergency medication? **Y or N**

Do you have seasonal allergies that require medical treatment or restrictions? **Y or N**

Have you ever had a rash or hives develop during or after exercise? **Y or N**

Have you ever become dizzy or passed out during or after exercise? **Y or N**

Have you ever been dizzy during or after exercise? **Y or N**

Have you ever had racing of your heart or skipped heartbeats? **Y or N**

Have you ever been told you have a heart murmur? **Y or N**

Has a physician ever denied or restricted your activity levels for any reason? **Y or N**

Have you ever had a head injury or concussion? **Y or N**

Have you ever had numbness or tingling in your arms, hands, legs or feet? **Y or N**

Have you ever become ill from exercising in the heat? **Y or N**

Do you use any special protective or corrective equipment or medical devices (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? **Y or N**

Have you had any problems with your eyes or vision? **Y or N**

Do you wear glasses, contacts or protective eyewear? **Y or N**

Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? **Y or N**

**If yes, check appropriate blank and explain below:** Head \_\_\_ Elbow \_\_\_ Hip \_\_\_ Neck \_\_\_  
Forearm \_\_\_ Thigh \_\_\_ Back \_\_\_ Wrist \_\_\_ Knee \_\_\_ Chest \_\_\_ Hand \_\_\_ Shin/Calf \_\_\_  
Shoulder \_\_\_ Finger \_\_\_ Ankle \_\_\_ Upper Arm \_\_\_ Foot \_\_\_

If student is required to take medication during afterschool activities please complete attached Collier County Public Schools Medication Authorization Form and return to Activities Director.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Part 3. Physical Examination

(to be completed by licensed physician, physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_

Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_) Temperature: \_\_\_\_\_

Hearing: right: P \_\_\_\_ F \_\_\_\_ Left: P \_\_\_\_ F \_\_\_\_ Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_

Corrected: Yes / No Pupils: Equal \_\_\_\_ Unequal \_\_\_\_

<u>FINDINGS</u>	<u>NORMAL</u>	<u>ABNORMAL FINDINGS</u>	<u>INITIALS</u>
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**MEDICAL**

1. Appearance	_____	_____	_____
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2. Eyes/Ears/Nose/Throat	_____	_____	_____
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3. Lymph Nodes	_____	_____	_____
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4. Heart	_____	_____	_____
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5. Pulses	_____	_____	_____
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6. Lungs	_____	_____	_____
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7. Abdomen	_____	_____	_____
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8. Skin	_____	_____	_____
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**MUSCULOSKELETAL**

10. Neck	_____	_____	_____
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11. Back	_____	_____	_____
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12. Shoulder/Arm	_____	_____	_____
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13. Elbow/Forearm	_____	_____	_____
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<u>FINDINGS</u>	<u>NORMAL</u>	<u>ABNORMAL FINDINGS</u>	<u>INITIALS</u>
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

**ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER**

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation  
 \_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations:

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_

**Place Healthcare Provider Stamp Here:**