

2010 SOHS MARCHING BAND
FORMS CHECKLIST

The following forms are due before July 16. Students may not participate in band camp unless all forms are turned in.

_____ Grade/Attendance Contract

_____ Permission to Participate and Release

_____ Field Trip Permission Form and Release

_____ Drug Testing Consent Form

_____ Permission to Capture and Publish Student Image and/or Voice

_____ SOHS Marching Band Directory Information

_____ SOHS Volunteer Form *Any freshman parent who plans to volunteer in any way needs to fill this out. Upperclassman parents only need to fill this out if you have not filled one out previously in the last 5 years (forms are good for 5 years).

Grade/Attendance Contract

As a member of the SOHS Marching Band I understand that I must maintain good academic standing in all my classes and must meet the SOHS grade eligibility requirements for participating in extra-curricular activities. These requirements include:

- have and maintain a 2.0 (or better) GPA each grading term based on an unweighted 4.0 grading scale,
- be passing a minimum of 5 out 7 classes each term, and
- be at their proper grade level

In addition, as a member of the SOHS Marching Band I understand that my attendance at practices and performances is critical to the success of the group. I have looked over the calendar for the marching band season and agree to attend all listed performances barring unforeseen emergency circumstances.

I understand that consequences for frequent absences from practices and performances may include having to sit out for performances or even dismissal from the marching band.

Student Signature

Date

Parent Signature

Date

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

The undersigned as parent/guardian of student _____ / / _____
(Student's Name) (Birthdate)

hereby grant permission for my child to participate in:
(Circle all that apply for the 2010-11 school year:

- | | | | | | |
|--------------|---------------|----------|----------|------------|----------------------|
| Baseball | Cross Country | Golf | Swimming | Volleyball | FIELD HOCKEY |
| Basketball | Dance | Soccer | Tennis | Wrestling | LACROSSE |
| Cheerleading | Football | Softball | Track | Other | <u>Marching Band</u> |

(For sports, attach schedule for competition and practices)

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intra-murals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) Policy Number

I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.

(Signature of Parent/Guardian)(Circle One) (Date) (Parent Day Phone #)

(Signature of Student Required if 18 years or older) (Date) (Parent Evening Phone #)

Other Emergency Contact In Event Parent Cannot Be Reached: _____

Phone _____

Adopted: December 19, 1988
Revised: January 19, 1990
Revised: July 15, 1998

Revised: May 6, 1994
Revised: February 12, 1998
Revised: August 15, 1998

Revised: July 14, 2000

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 4055.01-F**

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of _____ /_____/_____
Student's Name Birthdate

hereby grants permission for the above named student to participate in the following field trip; including all organized activities and transportation:

Date: 7/17/10 – 11/6/10 Fee (if any) Part of Yearly Fees

Trip Description/Location: Marching Band Competitions and Parades

Supervising Staff Member: Ryan McAllister

Approximate time of departure TBA

Approximate time of return TBA

Purpose (state expected learning outcome or recreational) Attend Marching Band

Competitions and Parades

Transportation will be by _____ Commercial Bus School Bus Other _____

Students must have proof of private insurance or student accident insurance to participate in co-curricular or extra-curricular activities or field trips away from school.

_____/_____
Name of Insurance Carrier Policy Number Group Number

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of _____ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed: _____ Phone Number: _____

Signature of Parent/Guardian (Circle One) Alternative Phone: _____

Adopted: March 16, 1981 Revised: July 16, 2008
Revised: July 17, 1983
Revised: February 22, 1993
Revised: February 10, 1998
Revised: August 15, 1998
Revised: September 1, 1998
Revised: June 23, 1999
Revised: July 14, 2000
Revised: June 26, 2006

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 9090.01-F

STUDENT and PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS
FOR RANDOM DRUG TESTING

Relates to: OCBE Policy 9090, OCBE Administrative Reg. 9090.01-AR

The undersigned hereby consents for himself/herself or for his or her son/daughter to undergo urinalysis testing for the presence of drugs for a calendar year in accordance with the Oldham County Board of Education (OCBE) Drug Testing Program and pursuant to OCBE Policy 9090 and OCBE Administrative Regulation 9090.01-AR.

The undersigned understand that this testing will occur according to the guidelines of the random drug testing procedure, 9090.01-AR.

The undersigned understand that any urine samples will be sent only to Baptist Healthcare Affiliates, Inc. d/b/a Baptist Hospital Northeast and/or Baptistworx, hereinafter referred to as "Baptist Hospital Northeast," the licensed medical laboratory selected by the OCBE for actual testing, and that the samples will be coded to provide confidentiality.

The undersigned hereby gives consent to Baptist Hospital Northeast, its doctors, employees or agents, together with any clinic, hospital or laboratory designated by Baptist Hospital Northeast to perform urine tests for the detection of drugs.

The undersigned further gives permission to Baptist Hospital Northeast, its doctors, employees or agents, to release all results of these tests to the OCBE Director of Pupil Personnel (DPP) or his designee. These results will also be made available to us if a second (confirmation) test indicates the presence of a drug(s). In the event that the testing confirms a positive result, we further authorize the DPP to release these results to the appropriate Principal and, for students in extracurricular activities, the Coach or sponsor. If taking prescription or over-the-counter medication, or herbal supplements or vitamins that may impact the results of the drug testing, we agree to either consent to the release of this information to the OCBE, or to provide any requested medication information within 5 business days of the OCBE's request for such information.

We understand that this Consent is effective for twelve (12) calendar months from the date of signing for students participating in competitive extra-curricular activities. Students in the voluntary program will be eligible for testing between the date of signing and the last day of the current school year.

We understand and agree that for students, the OCBE will be responsible for the cost of randomly-performed drug tests.

We hereby release the OCBE, its members, employees and agents and Baptist Hospital Northeast, its doctors, employees and agents from any legal responsibility or liability for the release of such information and records as authorized by this form.

- Extra-curricular program participant
 Voluntary program participant

Printed Name of Student

Signature of Student

Date

Printed Name of Parent/Legal Guardian

Date

Adopted: July 1, 1998
Revised: July 14, 2000
Revised: May 3, 2001
Revised: July 18, 2006
Revised: Jan. 23, 2007
Revised: July 14, 2009
Revised: January 14, 2010
Revised: January 20, 2010
Revised: March 2, 2010

Signature of Parent/Legal Guardian

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATIONS – 4068-AR
2010/2011**

PERMISSION TO CAPTURE AND PUBLISH STUDENT IMAGE AND/OR VOICE

In the normal course of events at school, the school may find it necessary to use your child's image and/or voice in a variety of ways to illustrate educational programs, extra-curricular events, student achievements or other instructional activities, on the school or district web site, for example.

This form must be completed for each student in order for the school and district administrators to abide by your wishes regarding such reproductions.

_____ YES, I hereby give my permission to Oldham County Public Schools to use my child's photograph, image, likeness and/or voice in any way that would reasonably and properly portray the program at his/her school and/or the educational and extra-curricular experiences of students in the Oldham County Schools. I understand that the videotape, image and/or photos will become property of the school. I understand that my child may or may not be identified. I also release Oldham County Public Schools and the Oldham County Board of Education from any liability in using my child's photograph, image likeness and/or voice. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

_____ NO, I do not give my permission for the use of my child's photograph, image, likeness and/or voice as described above.

Student Name

Grade

Homeroom/Lead Teacher

(Parent/Guardian's Signature)

(Date)

SOHS Marching Band Directory Information

With your permission, the following information will be published in a Marching Band Directory that will be distributed ONLY to the parents and students of the SOHS Marching Band. The information will be used so that marching band staff, board members, parents and students may contact each other about important information regarding the band.

Student Name: _____
Student Address: _____

Student Phone #: Home (____) _____ Cell (____) _____
Student Email: _____
Fathers Name: _____
Work (____) _____ Cell (____) _____
Email _____
Mothers Name: _____
Work (____) _____ Cell (____) _____
Email _____

Please check each item you wish to have printed in the directory. Please be aware that email addresses provided will be used to create the current years email directory/address book for the Band Director's, Booster President and Communication Chairperson's use to send communication to parents and students.

- | | | |
|--|--|--|
| <input type="checkbox"/> Student Name | <input type="checkbox"/> Fathers Name | <input type="checkbox"/> Mothers Name |
| <input type="checkbox"/> Student Address | <input type="checkbox"/> Fathers Work # | <input type="checkbox"/> Mothers Work |
| <input type="checkbox"/> Student Home Phone | <input type="checkbox"/> Fathers Cell Phone | <input type="checkbox"/> Mothers Cell Phone |
| <input type="checkbox"/> Student Cell Phone | <input type="checkbox"/> Fathers Email Address | <input type="checkbox"/> Mothers Email Address |
| <input type="checkbox"/> Student Email Address | | |

Please use the following phone number(s) for "One Call" _____

_____ I grant the SOHS Marching Band Boosters permission to publish this information in SOHS Marching Band directory to be distributed to parents and students of the SOHS Marching Band.

_____ I do not grant permission for this information to be published in the SOHS Marching Band Directory. (Please note that if you check this option, you will not be notified about any upcoming events, meetings, or other important information regarding band activities via email or the One-Call System.)

Father's Signature/Guardian

Date

Mother's Signature/Guardian

Date



MITCHELL IRVIN
Associate Principal/Athletics

CATHY BOSEMER
Associate Principal

NICOLE ADELL
Associate Principal

JEFF GRIFFIN
Associate Principal

DOREnda NEIHOF, Principal

BEVERLY FURBEE, Office Manager

South Oldham High School

5901 Veterans Memorial Parkway

Crestwood, Kentucky 40014

(502) 241-6681 • Fax (502) 241-0955

JOEL FINK
Director of Counseling &
Scheduling Services

LORI FERRIELL
Guidance Counselor

HEATHER WATKINS
Guidance Counselor

DEBBIE SHEARN
Guidance Registrar

JUDITH WHITE
ECS Coordinator

2010/2011 VOLUNTEER

Dear Parent:

During the 2000 Session of the Kentucky Legislature, a law was passed requiring all schools to obtain criminal records checks on adult volunteers. The law considers a volunteer to be any adult who assists teachers, administrators, or other staff in public school classrooms, schools, or school district programs, and who does not receive compensation for their assistance. The criminal records check is required on all volunteers who have contact with students on a regularly scheduled or continuing basis, or who have supervisory responsibility for children at a school site or on school-sponsored trips. The request of records will be made to the Administrative Office of the Courts (AOC). You can be assured that the AOC, this school and the school district will take steps to maintain the confidentiality of this information. Additionally, this information will be used only for the purpose of volunteering in the school.

Adult volunteers are essential to our school in many ways, and we greatly value you and any assistance you provide to us. Please know that this mandated criminal records check is being performed to ensure the safety of school children. We certainly appreciate your understanding of and cooperation with this request.

If you desire to serve as a volunteer at this school, please complete the information below, which includes only that information needed by the AOC to perform the records check. Please return it, marked "Confidential," to **Beverly Furbee** at the above address. Thank you so much for the contributions you make to South Oldham High School.

Sincerely,

Dorenda J. Neihof
Principal

SOCIAL SECURITY NUMBER: _____

NAME: _____

Date of Birth: _____

Maiden or Alias Names: _____

Street Address/P.O.Box: _____

City, State, Zip Code: _____

Other Oldham County Schools In Which You Volunteer (to avoid duplicate checks):

