



2023-2024
Smyrna High School Band Contract
and Policy Agreement Form for:

Student Last name:	Student First Name
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Parents please initial here:

_____ I verify that I have received, read, and fully agree to the policies and guidelines set forth in the Smyrna High School Band Information packet.

_____ I acknowledge that I am fully aware of the time and commitment involved with a student being involved in the band program.

_____ I do understand the importance of each student being present for practices and all performances, and the impact any absence has on the entire band, and understand that regular attendance and performances are major factors that will affect a student's grades and can potentially impact receiving credit for the course.

_____ In conjunction with this policy, the parent signed below gives permission for my child to ride a school bus off-campus for all away football games, band competitions, concert band performances, and honor bands during this school year.

Student Name (Signed) _____ Date _____

Parent Name (Printed) _____

Parent Name (Signed) _____ Date _____

Parent E-mail _____ Parent Phone _____

**2023-2024 Rutherford County Schools
Travel Permission and Emergency Medical Release Form**

Name of Student: _____ Home Phone: _____

Home Address: _____

Father/Guardian: _____ Mother/Guardian: _____

Work: _____ Work: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

If neither parent/guardian can be reached, call: _____

Relationship: _____ Phone: _____

Name of Student's Physician: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Are there medical problems, allergies or other information the teacher should know about in order to make the trip safer and better for your child? No Yes (provide details on back)

Medications in use: _____

My child: may may not take Tylenol. Date of last tetanus shot: _____

***This portion of the document must be signed in the presence of a Notary Public official.**

My child, _____, has my permission to travel with the Smyrna High School Band during the 2023-2024 school year. In case of need, I grant permission for my child to be treated by a health care professional in my absence.

Parent Signature: _____ Date: _____

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared _____, with whom I am acquainted and who acknowledged the completion of this instrument. Witness my hand and official seal of office on this the _____ day of _____, 2023.

NOTARY PUBLIC

COMISSION EXPIRES



Smyrna High School Band Photo/Video Release

Student's Name: _____

I hereby grant Smyrna High School Band permission to use my child's likeness in a photograph or video in all its publications, including website entries, social media and/or other websites, and brochures, without payment or any other consideration.

I understand and agree that these materials will become the property of Smyrna High School Band and will not be returned.

I hereby irrevocably authorize the Smyrna High School Band to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Smyrna High School Band or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears.

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) _____ (Date) _____

(Parent/Guardian's Printed Name) _____

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) _____ (Date) _____

(Printed Name) _____