



Volunteer Registration



Personal Information:

Full Legal Name: _____ Former/Maiden Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

Social Security # (last 4): _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

School: OHS - Band Names & Grades of Children: _____

Security Information:

1. Have you ever been **convicted or had adjudication withheld** of a felony or other serious crime?

Yes ____ No ____ (If Yes, please indicate in which State _____)

2. Have you ever been **convicted or had adjudication withheld** of a misdemeanor?

Yes ____ No ____ (If Yes, please indicate in which State _____)

3. Are you presently charged with a crime?

Yes ____ No ____ (If Yes, please indicate in which State _____)

(If you marked "YES" to any of the questions above, please explain on an attached sheet)

Statement of Volunteer Service:

I am volunteering my services to the School District of Clay County in order to improve the quality of the educational system. I understand that (1) during my time serving as a volunteer, I am not employed by the Clay County School Board; (2) as a volunteer, I am not receiving unemployment compensation benefits; (3) I do not expect nor do I desire any wages or compensation for the services for which I am volunteering; (4) I have no expectations of employment with the Clay County School Board; (5) I am aware that Level I and Level II background checks of volunteers may be made, per Florida Statutes; (6) and, if I am volunteering as a mentor, an FDLE background check may be made. As a volunteer, I agree to abide by the rules, regulations, policies, and laws of the State of Florida, the Florida State Board of Education, and the Clay County School Board. I agree that the aforementioned statements constitute the terms under which I am providing volunteer service; I hereby agree to these terms; and there are no understandings to the contrary.

Signature: _____ Date: _____

(Falsification of this application will result in the termination of your status as a volunteer)

NOTIFICATION: The Clay County School Board is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, marital status, age, national origin, or disability. Employment of personnel in Clay County is in compliance with Federal and State Laws regarding non-discrimination and preference.

Please Return This Form To The School Volunteer Coordinator



OAKLEAF HIGH SCHOOL BAND MEDICAL
RELEASE FOR ALL BAND EVENTS



Student's Name _____ Student's Date of Birth _____ Student's Age ____

Parent's Name _____ Parent's Cell Phone _____

Home Address _____

Please list current **MEDICAL CONDITIONS** _____

Please list any **ALLERGIES** _____

Health Insurance Carrier _____ Policy Number _____

The band typically keeps a small supply of over-the-counter (not prescription) medications to be administered as needed at practices and performances. Please check over-the-counter medications below which you consent authorized personnel to provide your child according to the manufacturer's recommended dosage. It is understood that the medication (if available) is administered solely at the request of the parent and as an accommodation. The band may not have all medications on hand at all times.

___Acetaminophen/Tylenol

___Cough Drops

___Antacids/Tums

___Dramamine/Meclizine (motion sickness)

___Antibiotic/Bacitracin Ointment

___Hydrocortisone Cream

___Benadryl/Diphenhydramine

___Ibuprofen/Motrin

___Cold Medicine – Non-Drowsy (i.e. DayQuil)

___Loratadine/Claritin (allergies)

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by his or her physician and/or surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his physician recommends the patient's discharge. This form will be used only in case of emergencies and after every reasonable effort is made to contact parents/guardians prior to admitting the patient for necessary treatment. Consent also gives for permission for release of information for insurance purposes

X

Date:

Signature of Parent /Guardian

X

Date:

Signature of Witness

**Off Campus School Activity Parent/Guardian
Consent and Release Form
School District of Clay County**

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity:

Name of Student: _____

D.O.B: _____

Activity: **OHS Band Program Events**

Date of Activity: **2023-2024 School Year**

Location: **Various as approved by OHS Band and Administration**

Teacher/Sponsor: **Mr. Gugel and Mr. Robbins**

Method of Transportation: School Bus ☒ or Private Vehicle ☒ or Charter Bus ☒

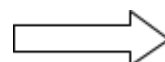
Motor Vehicle Insurance:

I/We understand that under present "no fault" motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/child and ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.

[Parent, Guardian, Student Initial acknowledgement of this page: _____, _____, _____]



Signatures Required on Back

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

***** I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE *****

| | |
|--|--------------------------------------|
| _____ Signature of Student | _____ Witness |
| _____ Print Name of Student | _____ Print Name of Witness |
| _____ Date Signed | _____ Date Signed |
| _____ Signature of Parent/Guardian | _____ Witness |
| _____ Print Name of Parent/Guardian | _____ Print Name of Witness |
| _____ Date Signed | _____ Date Signed |
| _____ Home Address | _____ Home and Emergency Phone #s |

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!

This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well-being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the schools attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.



RELEASE AND HOLD HARMLESS AGREEMENT

READ THIS FORM CAREFULLY - IT CONTAINS A FULL AND COMPLETE RELEASE OF LIABILITY

Name of Participant (please print): _____

Date of Birth: _____

Name of Parent/Legal Guardian authorizing participant: _____

By signing below I hereby confirm that I am electing to participate in the Band
being offered at Oakleaf High School.

I certify that I have no health problems or physical infirmities which impair my ability to participate in the named event or any associated physical activity (strenuous or other). I know and acknowledge that there are risks involved in all activities including those associated with this one, which risks include the possibility of serious physical injury and death, and I choose to accept all responsibility for my safety and welfare while participating in this activity.

With full understanding of the risks involved in the Band activities, I hereby release and hold harmless Oakleaf High School, the School Board of Clay County, Florida, employees or agents of the School Board, the adults and sponsors of the activities, the volunteers, and any and all other personnel associated with the activity from any and all responsibility and liability for any injury resulting from participation in the above-described activities.

If I am injured and unable to seek medical treatment, I further authorize emergency medical treatment for me should the need arise for such treatment while I am participating in this activity and agree to be responsible for all costs arising from said emergency medical treatment.

READ THIS FORM CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE ACKNOWLEDGING THAT THERE IS A CHANCE YOU COULD BE INJURED OR KILLED IN THIS ACTIVITY. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO RECOVER DAMAGES FROM THE SCHOOL, THE SCHOOL BOARD, ANY SPONSORS, OR OTHERS WHO SUPERVISE YOU IN THIS ACTIVITY AND ANY PERSONNEL ASSOCIATED WITH THIS ACTIVITY IN THE EVENT YOU SUFFER SERIOUS PERSONAL INJURY OR DEATH. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM. YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE ACTIVITY IF YOU REFUSE TO SIGN THIS FORM. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND ITS TERMS AND KNOW THAT IT CONTAINS A RELEASE OF LIABILITY.

Signature of Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

DISCOVERING ENDLESS POSSIBILITIES

Clay County District Schools is an Equal Opportunity Employer.

Oakleaf High School Band Handbook Acknowledgement Form



Parent and Student Participation Agreement

By signing this page you acknowledge that you have read, understand, and agree to all terms, policies, procedures, obligations (time and financial), and expectations within this handbook and online registration forms. The Oakleaf Band Directors reserve the right to alter any content within this handbook at any time to further refine and improve upon the quality and success level of the program. When changes are made students and parents will receive updated pages when necessary, or a digital copy will be provided via website/BAND APP.. Students involved in any aspect of the program (Band, Guard, Indoor, Jazz, etc) are bound by this handbook - Guard students are *additionally* bound by the separate Color Guard Handbook. Fees and deposits paid for any aspect of the program are non-refundable as are any monies fundraised and/or donated to the OHS Band. The Directors reserve the right to remove any student who does not comply with the contents of this handbook. Furthermore, the Directors reserve the right to make the final decision on when, where, and how any student performs during any event throughout the school year while in the OHS Band Program (this includes placement in band classes, ensembles, etc). This handbook is in place to ensure all students have the opportunity to experience a high level music program.

Parent Name (print):_____

Parent Signature:_____Date:_____

Student Name (print):_____

Student Signature:_____Date:_____