


Use black or blue ink only

STUDENT NAME: _____ (please print)

PLEASE CHECK THE FOLLOWING ITEMS TO VERIFY THAT YOU ARE RETURNING THE NECESSARY FORMS:

1. Emergency Procedure Form
2. Insurance Affidavit
3. Required Student Behavior Contract & Consequences for Unsupervised Loitering
4. Waiver, Release, Indemnity Agreement for Booster Activities
5. Web Site Permission

The  symbol indicates the signature areas required on the attached pages.

All forms must be completed with required information, student and parent signatures where necessary and returned to the

BAND SECRETARY at Upland High School prior to participating in any activities.

(DO NOT send these forms to the school's front office.)

Please bring all completed forms with you on

FALL REGISTRATION DAY, May 6th!

Completed forms may also be turned in to our UHS band directors prior to 5/6/23.

Thank you for helping us to expedite the processing of these forms!

EMERGENCY PROCEDURE FORM (2023-2024)

Use black or blue ink only

Name _____ / _____ / _____
Last First Grade starting 9/2023 Birth Date

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Parent (s) Name: _____

EMAIL ADDRESS: _____

CIRCLE GROUP(s) YOU PERFORM WITH:

REGIMENT: Band or Color Guard
Wind Symphony Jazz / Stage Band
Symphonic Band Concert Band

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT:

Place of work -

1. Contact mother at _____ Phone () _____

2. Contact father at _____ Phone () _____

3. Contact _____ Phone () _____
(Name of local relative or neighbor)

4. Contact _____ Phone () _____
(Physician's Name)

CO/EXTRA CURRICULAR TRANSPORTATION PERMISSION

METHOD OF TRANSPORTATION INCLUDE THE FOLLOWING: District bus, commercial charter bus and air transportation. Also district vehicle, rented auto, and private vehicle driven by staff member or adult volunteer. I have reviewed and understand the modes of transportation above. I agree to these transportations for my son or daughter unless I have noted any exceptions below. In addition, I am aware of Education Code Section 35330 which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the District for injury, accident, illness or death occurring during or by reason of the trip or excursion.

DENIED TRANSPORTATION METHOD (if any) _____

Signature of Parent/Guardian

Date

*ANY MEDICATION (prescription or over-the-counter) must have a District form completed with parent's and physician's signatures on file in the school's health office. A copy of that form needs to be submitted with these emergency forms as well. NO medication will be dispensed to student WITHOUT the required District form. (See attached form to be completed.)

- Check here if there are no special medical problems that the staff should be aware of and no drugs are required on the trip;
- Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If so, please describe and attach the District form as described above with the appropriate parent and physician signatures.

Special Medical Problems (or medications) _____

Activity Waiver & Medical Authorization – Minor Education Code Section 35330

PLEASE COMPLETE THE BACK SIDE OF THIS FORM

_____ has my permission to participate in the following voluntary school activity and/or field trips for the following dates:

UHS Instrumental Music Department

2023-2024 School Activity/Sport

I fully understand that my child is to abide by all rules and regulations governing conduct during this activity or field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardian's expense.

I understand and acknowledge that, as provided in Education Code Section 35330, by consenting to allow my child to participate in this activity or field trip, I shall, by law, be deemed to have given up all claims against the Upland Unified School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the activity or field trip. I also agree to relieve the district of any responsibility for damage to or loss of my child's property occurring during or by reason of this activity or field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.) **I AM AWARE THAT THE SCHOOL DISTRICT DOES NOT CARRY STUDENT ACCIDENT INSURANCE.**

Signature of Parent/Guardian

Date

INSURANCE AFFIDAVIT EVERY STUDENT MUST HAVE SOME FORM OF INSURANCE - To Parent or Guardian:

Before your son or daughter can be issued equipment or is eligible to participate in interscholastic activities, insurance coverage according to Education Code Sections 32220 and 32221 must be obtained by you for the son or daughter who plans to participate. Please read carefully the following affidavit, and if, and only if, you presently have the required insurance coverage for your son or daughter sign the affidavit. The affidavit may be signed if your son or daughter has insurance coverage for only medical and hospital expenses; however, the word "none" should be written in if insurance is lacking.

AFFIDAVIT – please read and sign acknowledgement of insurance affidavit

I do understand that the insurance coverage required by Education Code Sections 32220 and 32221 includes insurance protection for medical and hospital expenses resulting from accidental bodily injury in an amount of at least \$1500 for all such services. I further understand that the aforesaid law requires that the above coverage apply to members of interscholastic activities arising while such members are engaged in or preparing for an event promoted under the sponsorship or arrangement of the school district or student body association, or while such members are being transported by or under the sponsorship of the school district or student body association to or from school or other place of instruction and the place of the event.

I _____ parent or guardian of _____ do hereby declare that
(Name of parent/guardian) *(Name of student)*

_____ is insured in accordance with Education Code Sections 32220 and 32221
(Name of student) through the following **MEDICAL AND HOSPITAL INSURANCE** company:

INSURANCE COMPANY & PHONE NUMBER

POLICY NUMBER

I declare that I will maintain this insurance and will notify, in writing, the principal of the appropriate school immediately if the policy is canceled or is in default. I declare under penalty of perjury the above and forgoing is true and correct.

Signature of Parent/Guardian

Date

If you are not in a position to sign the affidavit above, and your son or daughter plans to participate in any interscholastic activities, the required insurance coverage must be provided prior to his or her participation. To apply for this insurance, please contact the Upland High School Health Center.

REQUIRED STUDENT BEHAVIOR CONTRACT - UHS Band Department

School Year 2023-2024

STUDENT

I agree to conduct myself on the trip (or any activity) in such a way that I will bring honor to myself, my school and community. I furthermore agree to obey at all times on the trip (or during any activity) the rules of conduct, instructions of the leaders, chaperones or others in authority, and the policies, laws, and regulations of the Upland Unified School District, other school districts, colleges, hotels, conveyances, and facilities visited on the trip (or activity). **I recognize that any serious violation of rules of conduct may result in my removal from the trip (or activity) at an additional cost to myself or my parents. I further understand and agree that any additional costs to the trip (or activity) fund caused by my conduct, behavior, etc., must be paid back to the trip fund within 15 days after returning home from the trip (or activity).** I also understand that as a result of any misconduct by me further disciplinary action may be taken by the Upland Unified School District and/or the Upland High School staff at the conclusion of this trip (or activity) if necessary.

The following information was obtained from the Upland High School Student/Parent Handbook and will be applied to all UHS Band Department trips . . . "As part of our continuing effort to provide a safe and healthy learning environment, UUSD has contracted with a private company to conduct random, unannounced visits to the Upland High School campus by non-aggressive, specially-trained Golden Retriever. *These canines will periodically check the campus for illegal and prohibited items such as alcohol, drugs and explosives.* If they detect any illegal substances, the school administrator will take all appropriate actions in accordance with California Education Code 48900. The purpose of the canine program is to eliminate unsafe items or conditions at school that may disrupt student learning. Students are advised not to bring any prohibited items to school."

NEW POLICY REGARDING Consequences for unsupervised loitering in Music Building. (Band building rooms, i.e. practice rooms, locker rooms, restrooms, hallways, guard and percussion equipment rooms.) Effective immediately there will be NO loitering in or around any of the above mentioned rooms or locations. NO eating in the music building will be allowed. The school is enforcing this policy in an effort to ensure student personal safety, protection of personal property, as well as the protection of school facilities and equipment. Consequences will be as follows:

- First offense: 2 hour custodial duty after school
- Second offense: Saturday School (4 hours)
- Third offense: 3-day suspension & suspension from next performance (grade will be affected)
- Fourth offense: Removal from program

I will accept the authority of the Director, the staff, and chaperones and will abide by all decisions they have made and might have to make during any trip and/or activity. I understand the "Consequences for unsupervised loitering in Music Building."

PLEASE PRINT student name

Signature of Student

Date

PARENTS/GUARDIAN

I have read the above Student Agreement and have discussed it with my son/daughter to make certain he/she understands the importance of proper behavior and the great responsibility of the director, the staff and chaperones to see that everything goes well and safely. I agree with and support the aforementioned rules and agreements. I understand the "Consequences for unsupervised loitering in Music Building."

Signature of Parent/Guardian

Date

***All luggage and students may be searched by these canines prior to all Band Department trips beginning immediately.**

Upland Highland Regiment Boosters

WAIVER, RELEASE AND INDEMNITY AGREEMENT

ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITIES

Name of Participant: _____

Description of Activities: All Booster related activities such as car washes, fund raiser events, etc.

Date(s) of Activities: 2023-2024 school year

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activities. I realize that these activities are voluntary and are not sponsored or supervised by the Upland Unified School District. I understand that these activities could cause illness and/or injury or death, and I assume all risks for any such illness and/or injury or death.

For and in consideration of permitting the above named Participant to engage in the activities described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to the Participant as a result of engaging in said activities or any activities incidental thereto. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the **Upland Highland Regiment Boosters**, Upland Unified School District or any of their respective officers, agents, employees or volunteers for any of said causes of action.

I am aware of the potential risks involved in these activities and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the **Upland Highland Regiment Boosters** do not provide medical coverage for participants in these activities.

✍ Parent/Guardian Signature (Required if Participant under age 18)

Parent/Guardian Name (Please Print)

Upland Highland Regiment Boosters, Inc

WEB SITE PERMISSION

Upland Unified School District has established Web site guidelines to protect the privacy of students. At no time will a student's personal e-mail address, home address, or phone number appear on a school or district Web page. A student's full name and / or photo may be used with the written permission of both the student and parent or legal guardian. Likewise, the posting of a student's work requires the written permission of both the student and parent or legal guardian.

In compliance with these guidelines, the written consent of both student and parent / guardian is requested for the following purpose:

Posting of Instrumental Music group photos, and Instrumental Music group activity photos. Posting of individual performances (student work/performances). This info will be displayed on the UHS Instrumental / Upland Highland Regiment Boosters, Inc Web site.

Yes-I give permission that my child may be photographed as part of normal educational activities and that those photographs may be used in Upland Highland Regiment Boosters publications including the Upland Highland Regiment web pages. Pictures will not be personally identified unless I have given written permission.

No-I do **not** give permission that my child's photograph be used in Upland Highland Regiment Boosters, Inc web pages.


I further understand that my child's full name and grade in school may be included on any list on district-sanctioned web sites (e.g. honor roll lists, sports rosters, etc.) unless I indicate otherwise in writing.

Date _____ Phone # _____

Parent/Guardian Name (Print) _____

 Parent/Guardian Signature _____

Student Name (Print) / Section

 Student Signature

Parent's email address _____
(Print)