



# Umatilla High School

## Bulldog Band 2024 – 2025

### Registration Checklist & Commitment



\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Instrument*

\_\_\_\_\_  
*Grade*

#### **Membership Forms**      due July 22

- ☐ Parent/Student Information Form
- ☐ LCS Waiver & Field Trip Form      *(notarized)*
- ☐ Medical/Prescription Release Form      *(signed by a doctor)*
- ☐ Non-Medical Release Form
- ☐ Uniform Contract      *(signed)*
- ☐ Parent Volunteer Form

#### **Band Camp Fees**      due August 2

- ☐ Commitment Deposit Fee *(reserves a spot in our show)*      **\$25.00**
- ☐ Band Camp Fee *(pays for clinicians, music, drill, and snacks)*      **\$50.00**

**Total Owed:** \$ 75.00      **Total Paid:** \$ \_\_\_\_\_      **Remaining:** \$ \_\_\_\_\_  
*Payment Type:*      ☐ Cash      ☐ Check # \_\_\_\_\_ *(payable to UHS Band Boosters)*

#### **Membership Commitment Contract**

I understand that as a member, my child has a financial responsibility to the Umatilla Band Program. I am also aware that there will be multiple fundraising opportunities to assist with the acquisition of these funds and my child will be required to participate in these activities. Furthermore, I understand that my child *will not* receive any uniform items that are not paid for in advance. I understand that a payment plan will be established for funds that are not paid by the due date. Past due payments are turned over to the media center; at that point only accept cash or cashier's check will be accepted as payment.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*



# Student & Parent Information Form

## *Umatilla High School Bulldog Band 2024 - 2025*

Student Name

Instrument

Grade

Home Address

City, State

Zip

### CONTACT INFORMATION:

Student Cell Phone

Student Email

Parent Name (mom)

Parent Name (dad)

Cell Phone (mom)

Cell Phone (dad)

Email (mom)

Email (dad)

Emergency Contact (other than parent)

Phone Number

Relationship

### RENTAL INFORMATION:

School Instrument Rental Needed (circle one):

YES

NO

*(If no, please fill out below)*

Personal Instrument(s):

Instrument

Brand

Serial Number

Instrument

Brand

Serial Number

Color Guard/Percussion Equipment Rental Needed:

YES

NO

### ADDITIONAL STUDENT INFORMATION:

Please share any information about your child that will help us better meet his/her needs. This information will be kept confidential. (ex. medical needs, allergies, mental health needs, club/sports involvements, work/jobs, etc.)

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☒ OVERNIGHT  
☒ OUT-OF-STATE  
☒ OFF CAMPUS

**LAKE COUNTY SCHOOLS**  
**FIELD TRIP/SCHOOL ACTIVITY**  
**PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE**

Student \_\_\_\_\_ School Umatilla High School  
Club/Group/Class Umatilla High School Band Supervising Faculty Member Mr. Yannick Innis  
Activity All UHS Band Events Location Various Locations  
Date & Time of Departure UHS Band Events 2024-2025 Date & Time of Return Please see the band calendar for details  
Method of Transportation : ☒ School Bus ☒ Charter Bus ☒ Private Car ☒ Leased Vehicle ☒ Walking ☒ Other

**MEDICAL INFORMATION**

Does your child have any of the following conditions?

Epilepsy/Seizures ☐ Yes ☐ No Motion Sickness ☐ Yes ☐ No Diabetes ☐ Yes ☐ No  
Any Medication ☐ Yes ☐ No Asthma/Wheezing ☐ Yes ☐ No Heart Disease ☐ Yes ☐ No  
Muscular/Skeletal Problems ☐ Yes ☐ No Hemophilia/Bleeding Disorders ☐ Yes ☐ No

Is there any other condition which might possibly require treatment and/or medication during the trip? Yes ☒ If yes, you must complete and attach the Administration of Non-Prescription Medication Consent Form and/or the Administration of Prescription Medication Consent Form.

**PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

I/We hereby give permission for my child to accompany employees of the LCSB, acting as chaperones, to UHS Band Events 2024 – 2025 for the days indicated above. I/We will not hold the LCSB nor their agents or employees accompanying the group responsible for any accident or injury to my child/ward. In the event my child/ward causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless the LCSB, its agents and employees. I/We have read all the information in regards to this trip. I/we are aware of guidelines of said trip and the number of chaperones which will accompany my/our child/ward. I/We hereby grant permission to the attending physician or his consulting physicians, to render to my/our child/ward any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child/ward. Also, when necessary for the administering of such care, I/we grant permission for hospitalization at an accredited hospital. I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child/ward or my/our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary. I/We further agree to inform the appropriate school official(s) should my/our child/ward's physical condition change in any way and any time so as to affect his/her participation in the activity herein named. I/We further relieve and release said LCSB from any liability in its failure to carry insurance upon my/our said child/ward.

Our/My child/ward has medical insurance: ☐ Yes ☐ No (If yes, you must complete and attach a copy of proof of insurance to this form.)

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
Home Phone Work Phone Cell Phone Emergency Phone

\_\_\_\_\_  
Parent/Guardian Name (Please Print) Parent/Guardian Name (Signature) Date Home Address / City / Zip

**THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN ONLY IF CHILD/WARD IS GOING OUT-OF-STATE OR OVERNIGHT!**

\_\_\_\_\_  
(SIGN IN PRESENCE OF A NOTARY)  
Parent/Guardian Signature

**NOTARY STATEMENT STATE OF FLORIDA, COUNTY OF LAKE**

On \_\_\_\_\_ before me personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal \_\_\_\_\_

One copy must be retained by the administration and a duplicate copy must accompany the sponsor when leaving school property with students.

# LAKE COUNTY SCHOOLS

## ADMINISTRATION OF PRESCRIPTION MEDICATION CONSENT FORM

Medications must be brought to school by the parent; NEVER by the student. The medication must be presented to school personnel in the original container with a current date. Metered inhalers should have the label affixed to the inhaler for easy identification or must be in the original box with prescription label. The parent must give the first dose of prescription medication at home. Under no circumstances will the school accept more than a four-week (30 days) supply of prescription medication. Parents may request that the pharmacist dispense two labeled bottles for medication, one for home and the other for school.

Student School \_\_\_\_\_

Parent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

Date to start \_\_\_\_\_ Last date to be given \_\_\_\_\_

Please circle one:                      may                      may not                      carry and use the inhaler himself/herself.

Special instructions on administration of medication (i.e. to be given after lunch, do not chew, to be given with food, etc.)

Reaction(s) that may occur \_\_\_\_\_

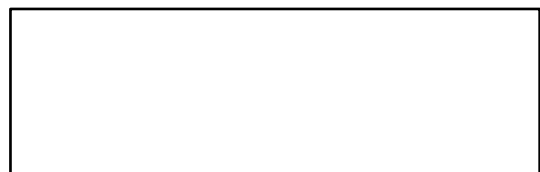
I request \_\_\_\_\_ to administer the above medication to my  
child, \_\_\_\_\_  
(Name of School) (Student's Name) If parent cannot be reached and there are questions about this

medication, you may contact \_\_\_\_\_  
(Doctor's Name and Number)

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Doctor Signature Date

Doctor's Official Stamp



# LAKE COUNTY SCHOOLS

## ADMINISTRATION OF NON-PRESCRIPTION MEDICATION CONSENT FORM

Non-prescription medication may be administered at school by school personnel when such medication is necessary for school attendance and cannot otherwise be accomplished. The non-prescription medication may be administered for 3 days during school year. If a medication is necessary beyond the 3 days, the school will need a doctor's statement that this medication is necessary during school hours for the health needs of the student. Medication must be brought to school by parent/guardian in a sealed unopened container. A form must be completed for each medication administered.

Student School Umatilla High School Band

Parent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Name of non-prescription medication Aspirin, Benadryl, Ibuprofen

Dosage to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

Purpose/reason for this medication As needed – call before administering

Special instructions on administration of medication (i.e. to be given after lunch, do not chew, to be given with food, etc.)  
\_\_\_\_\_

Reaction(s) that may occur \_\_\_\_\_

I request Umatilla High School to administer the above medication to my  
(Name of School)

child, \_\_\_\_\_ If parent cannot be reached and there are questions about this  
(Student's Name)

medication, you may contact \_\_\_\_\_  
(Doctor's Name and Number)

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Doctor Signature Optional Date

Doctor's Official Stamp

## Appendix E – Uniform Contract

# Umatilla HS Band *Uniform Contract*

Student's Name \_\_\_\_\_

I have read the rules concerning the care and maintenance of the Marching Band, Color Guard, Jazz and Concert Uniforms. I understand the rules and agree that any damages to the uniform in part or total will be paid for by the student's parents or guardian. The following items have been issued for the \_\_\_\_\_ school year.

Uniform Item	Replacement Cost
Marching Uniform Coat	\$200.00
Marching Bibbers	\$45.00
Shako	\$55.00
Plume	\$25.00
Concert Dress	\$70.00
Concert Pants	\$35.00
Concert Coat	\$65.00
Concert Shirt	\$20.00
Bowtie	\$10.00
Hanger	\$5.00
T-shirt	\$15.00
Brooch	\$10.00
Color Guard Pants	\$45.00
Color Guard Top	\$55.00
Gloves	\$5.00
Jazz ties	\$10.00
Practice flag pole	\$15.00
Practice flag	\$10.00
Gauntlets	\$15.00
Button Covers	\$5.00
Color Guard Uniform	\$80.00

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

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

Date \_\_\_\_\_

# UHS Band Uniforms

## Marching Uniform:

- The student's marching band uniform is the property of Umatilla High School. If at any time the uniform becomes damaged or lost, it will be the responsibility of the student to secure replacement garments at their own cost.
- At the beginning of each year, the students will be fitted for shoes (Dinkles). Each student must purchase the required marching shoes and black socks.
- At the beginning of each year each student in Marching Band will be fitted for bibbers. If at any time the bibbers becomes damaged or lost, it will be the responsibility of the student to secure replacement garments at their own cost.
- At the beginning of the year each student in Marching Band will be issued the year's marching show t-shirt. This t-shirt is part of the official Marching Uniform and must be worn under the marching jacket.
- Each student is responsible for keeping their uniform in good condition, clean and stain free.
- Each student must report to the band room prior to each game wearing their bibbers, black socks, marching shoes, and marching show t-shirt.. The uniform must be clean and wrinkle free.
- After performances, the uniform coats, shakos, and plumes must be checked in with the uniform band parent and officers and will be stored in the band room until the next event needed. The coats must be HUNG PROPERLY on their hanger. Shakos and plumes must be stored properly in their cases. No student may leave after an event until their uniform has been properly stored.
- At the end of the marching season (Jan), each student is responsible for cleaning and returning their marching bibbers to the uniform parent. If this is not turned in, then the students' account will be charged for that item at this time.

## Concert Uniform:

- The student's concert band uniforms are owned by Umatilla High School. UHS takes the responsibility for the cleaning, alterations, and minor mending of the uniforms.
- At the beginning of each year, the students will be fitted for concert uniforms and assigned the appropriate garments.
- It is the student's responsibility to take good care of their concert uniform. Any lost or irreparable garments will be replaced by the student.
- The Boys Formal Uniform consists of Black Tuxedo Pants and Black Tuxedo Shirt with Black Banded Collar. Black socks and black shoes are the responsibility of the student.
- The Girls Formal Uniform consists of a black floor length dress. Black shoes are the responsibility of the student.
- The student is expected to be in full uniform as described at all formal performances.
- Uniforms are to be turned in at the end of the semester to the uniform parent. Any missing items at this time will be charged to the students' account.

## Jazz Uniform:

- At the beginning of the semester, the student will be provided with a numbered orange tie. Black pants, black long sleeved shirts, black socks and black shoes are the responsibility of the student.
- It is the student's responsibility to take good care of their jazz tie. Any lost or irreparable garments will be replaced by the student.

## Band T-shirts:

- Marching Band shirts will be distributed at the beginning of the year. These shirts must be kept in good condition and stain free. If at any time one of the band t-shirts is misplaced, lost, or damaged, the student will be responsible for purchasing the replacement prior to the next event it is needed for. The replacement cost is \$15.00 per shirt.

# PARENT VOLUNTEER FORM

## *Umatilla High School Bulldog Band*

_____ Student Name	_____ Instrument	_____ Grade
_____ Parent/Guardian Name (mother)	_____ Parent/Guardian Name (father)	
_____ Cell Phone (mother)	_____ Cell Phone (father)	
_____ Email (mother)	_____ Email (father)	

Please indicate if one (or both) parents can help in any of the following areas (M=Mother, F=Father):

FUNDRAISING	M__F__	CARPENTRY	M__F__
PUBLIC RELATIONS	M__F__	WELDING	M__F__
FIRST AID	M__F__	PHOTOGRAPHY	M__F__
UNIFORMS	M__F__	BAKING	M__F__
EQUIPMENT MOVING	M__F__	SEWING	M__F__
OFFICE HELP	M__F__	TELEPHONE TREE	M__F__
NOTARY	M__F__	MERCHANDISING	M__F__
TRUCK/TRAILER DRIVER	M__F__	PRINTING	M__F__
CHAPERONE	M__F__	GRAPHIC DESIGN	M__F__
PAINTING	M__F__	ELECTRICIAN	M__F__
PLUMBING	M__F__	OTHER_____	M__F__

Please indicate if you have any contacts with people in the following areas:

COSTUMES	M__F__	LODGING	M__F__
FABRIC SALES	M__F__	PRINTING/OFFICE SERVICE	M__F__
RESTAURANTS	M__F__	TRANSPORTATION	M__F__
ELEMENTARY SCHOOL	M__F__	MIDDLE SCHOOL	M__F__



**All volunteers MUST be an approved Lake County Schools Level 2 Volunteer.**

Scan the QR Code to sign up today! Your volunteer status lasts three years and it is FREE to register! Please make sure you email Mr. Yannick Innis ([InnisY@lake.k12.fl.us](mailto:InnisY@lake.k12.fl.us)) or the UHS Volunteer Coordinator, Ms. Stephanie Caruso ([CarusoS@lake.k12.fl.us](mailto:CarusoS@lake.k12.fl.us)), once you have completed your online volunteer application.