

# Severna Park High School Instrumental Music Performance Contract

I, \_\_\_\_\_ will be participating in the 2015 – 2016  
*(Print student name)*

Severna Park High School Instrumental Music Program. As a member of a Severna Park High School Falcon Instrumental Ensembles, I will attend all rehearsals and performances with my music prepared to the best of my abilities and with a positive and winning attitude. I am committing myself to maintaining an eligible GPA and fulfilling all of my academic and musical responsibilities. This is a commitment that I am making a priority.

I understand that if I fail to fulfill my responsibilities as a member of a Severna Park Instrumental Ensembles, I will accept the consequences of my actions and lose the privilege of traveling and performing with the ensemble at competitions and festivals. I also understand that I will be letting myself, my fellow ensemble members, my school and my director down.

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Date)*

## **For Parents**

As parent and number one advocate of my child's academic and musical success I will be responsible for ultimately making sure my child upholds this contract. I recognize the need for SPHS BOB parental support and will plan to volunteer time during the course of the 2015 – 2016 school year. I am aware that there are 2 events where each family is required to participate in. They are the USBands SPHS Home Show (Saturday, Oct. 24, 2015) and all Saturday Sub Sales. Other areas where parents can assist can include, but are not limited to the following:

*(Please check areas of interest)*

- |  |  |
|--|--|
| <input type="checkbox"/> FUND RAISING COMMITTEES:          | <input type="checkbox"/> Newsletter Co-Chair.  |
| <input type="checkbox"/> Program Ads Committee             | <input type="checkbox"/> Chaperone <i>(must attend the mandatory chaperone meeting 9/8/2015)</i> |
| <input type="checkbox"/> Sub Sales Co-Chair                | <input type="checkbox"/> Uniform Committee   |
| <input type="checkbox"/> Pasta Sales Chair/Co-Chair        | <input type="checkbox"/> Spring Trip Chair/Co-Chair  |
| <input type="checkbox"/> Hospitality Chair/Co-Chair        | <input type="checkbox"/> Marching Band Cookout   |
| <input type="checkbox"/> Treasure Co-Chair                 | <input type="checkbox"/> Publicity Chair / Co-Chair  |
| <input type="checkbox"/> Budget & Finance Committee        | <input type="checkbox"/> Membership Co-Chair   |
| <input type="checkbox"/> Equipment/Transportation Co-Chair |  |

**I understand that my child may be photographed during ensemble events sponsored by the Severna Park Band and Orchestra Boosters (BOB) strictly for use on the BOB website and authorize photo release for this use only.**

**I recognize that "fair share dues" are mandatory for the function of the instrumental music program and the BOB and agree to pay the required amount by the due date with the understanding that if my child's dues are not paid in full (or an authorized payment plan has been put in place) then my child will not be allowed to participate in obligatory instrumental music activities/events.**

\_\_\_\_\_  
*(Printed Parent Name)*

\_\_\_\_\_  
*(Signed Parent Name)*

\_\_\_\_\_  
*(Date)*

# Student Contact Information

Name \_\_\_\_\_

Grade \_\_\_\_\_

Home phone \_\_\_\_\_

Cell \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Community \_\_\_\_\_

Email \_\_\_\_\_

**Marching Instrument Played** \_\_\_\_\_

**Symphonic Instrument Played** \_\_\_\_\_

**Stage Ensemble Instrument Played** \_\_\_\_\_

My Child is participating in (*circle all that apply*)

Band      Marching Band      Stage Ensemble      Orchestra

\*\*\*\*\*

# Parent Contact Information

Parent Legal Guardian #1 Name \_\_\_\_\_

Parents #1 Email \_\_\_\_\_

Parent #1 work phone \_\_\_\_\_

Parent #1 cell phone \_\_\_\_\_

Parent Legal Guardian #2 Name \_\_\_\_\_

Parents #2 Email \_\_\_\_\_

Parent #2 work phone \_\_\_\_\_

Parent #2 cell phone \_\_\_\_\_

\*\*\*\*\*

Student Health Conditions/allergies (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My son/daughter will have the following medications with them:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Family Physician: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone Number : \_\_\_\_\_

\*\*\*\*\*

Secondary Emergency Contact

Name \_\_\_\_\_

Relation to student \_\_\_\_\_

Telephone # \_\_\_\_\_

2<sup>nd</sup> Telephone # \_\_\_\_\_