

Band Student Activity Scheduling Form, Fall 2011

Name: _____ Instrument: _____ Grade: _____

Sport/Activity (plus level) _____ Coach/Advisor: _____

Directions: This form is to inform you of any potential conflicts between your participation in band and another sport/activity (wrestling, debate, drama, ASB) for the upcoming season so that you are able to make the best possible decision when conflicts are present ahead of time instead of the day before a conflict. On the back, please list all band events, as well as all sport/activity events that you are involved in....practices, conditioning, sectionals, fundraisers, competitions, potential playoff dates to name some of the possibilities. For each event, please list the following information to the best of your ability:

-Times

-For non-competition events, please list whether the event is required (R) or optional (O)

-For competitions, please list if the event is league (L) non-league (N) or an invitational (I)

Once this is done, please show the calendar to your coach/advisor, noting the possible conflicts. We are not asking you to make a decision at this point about which event you will attend, but rather let everyone know where conflicts may arise. Once you have shown your coach/advisor, have them sign/date below acknowledging that they have seen it. Then, take the form to your parents, showing them all potential conflicts and collect their signature. After this is done, turn the form into Mr. C. For all band events that you are planning on missing, you will need to fill out a band absence request form.

This form is due by Wednesday, September 14th. If your activity is more than one season long, you will need to complete a separate form for each season your event takes place.

Student Signature: _____ Date: _____

I acknowledge that the calendar I have made shows all potential conflicts known at this time between my activity/sport and band. I also understand that the schedules for all activities may change, causing other conflicts. I will communicate my choices regarding such conflicts with my coach/advisor and Mr. Campagna in a timely fashion for planning purposes.

Coach/Advisor Signature: _____ Date: _____

I acknowledge that I have seen the calendar made by the student and have been shown all potential conflicts known at this time.

Parent/Guardian Signature: _____ Date: _____

I acknowledge that I have seen the calendar made by the student and have been shown all potential conflicts known at this time. I also understand that schedules for all activities may change, causing other conflicts that my student may have to make choices about.

DATE MR. C RECEIVED: _____

