



Broncho Band Fee Refund Policy

If a student decides to quite the Broncho Band for any reason (i.e. medical, relocation, personal choice, or disciplinary reasons) the following policy will apply to refunds:

- If a student drops band during summer band 100% of the fees paid will be refunded.
- If the student drops band within the first week of school 50% of the fees paid will be refunded.
- If the student drops band after the first week of school no refunds will be given unless individually approved by the Director of Bands.

It should be noted that money earned from fundraisers will **NOT** be reimbursed and will be subtracted from the band fees credited to the date before determining what amount should be refunded.

If a student has credit in their ledger at the end of the school year those funds will rollover to the ledger for the following year until the student graduates. If a student chooses not to return to the band program the following year those funds become property of the Broncho Band and will not be refunded.

Seniors who graduate with a credit balance in their ledger will not be refunded those funds. If a younger sibling will be in the band the following year credit balances can be transferred to the sibling otherwise the funds become property of the Broncho Band

***** No refunds will be given on soft goods such as jugs, shirts, shorts, bags, decals or spirit wear. *****

Please direct any refund inquiries to the President at odessabandboosters@gmail.com.

I have read this agreement and by signing below agree to the Band Fee Refund Policy.

Printed Parent or Guardian Name

Signature of Parent or Guardian



Odessa High Broncho Booster Club Membership

NAME: _____

EMAIL: _____

PHONE: _____ Home ____ Cell ____ Work ____

ADDRESS: _____ ZIP: _____

STUDENT'S NAME (if applicable): _____

The Booster Club is open to anyone – parents, grandparents, or interested persons. The purpose of the club is to directly support the efforts of the Odessa High School Band. The Booster Club operates on a yearly budget which provides for or supplements, the following: marching show expenses and drills, marching contest trips, expert clinicians, transportation, equipment repair, awards, rewards, music, parties, food, snacks, medical supplies, uniform repairs and cleaning, clerical supplies, spring competition and performance trips, and various other needs of the students. ***A non-refundable \$25 per family booster club membership fee will be paid yearly and is included in the student's band fees.***

The Odessa High Band booster is a 501c Non-Profit Organization.

NOTE: Sponsors are responsible for securing a form for each participating student.

**ODESSA HIGH SCHOOL STUDENT TRAVEL
MEDICAL INFORMATION AND RELEASE**

**This Form
Must Be
NOTARIZED**

Student's Name: _____

Parent's Name: _____

Address: _____ Phone: _____

Please give address and phone number where parents may be reached while student is on the trip.

List medications the student will be taking while on this trip & how often it needs to be taken (use the back if necessary).

List any known allergies that the student might have:

Name of physician to contact in case of an emergency: _____

Physician's phone number: _____

Name(s) and numbers of any party to be notified if the parents are unable to be contacted:

In case of an emergency, I hereby give John Mayo, Jimmy Olague, Sarah Summersgill, or any other Odessa High Band and Orchestra Booster Club parent permission to have medical treatment administered to the student mentioned above, realizing that the expense for said treatment will be the responsibility of the person signing this form, and that every attempt will be made to notify the parent(s) or the guardian immediately.

Insurance Company

Policy Number

STATE OF TEXAS
COUNTY OF _____

This instrument was acknowledged before me on _____ by _____.

(SEAL)

Signature of Notary Public

Signature of Signer

My Commission Expires: _____

PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT FORM

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule:

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for the Marching Band or any of its Components

The Following Activities are not included in the Eight Hour Time Allotment:

- Travel Time to and from Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice for Music Activities Other Than Marching Band and its Components

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: www.uil.utexas.edu

"We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations."

PARENT SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

STUDENT PRINTED NAME _____

This form should be filed with the school principal OR his designee for each participant in the competing organization.
Do NOT send this form to the region executive secretary. C&CR Section 1105 (d)

STUDENT ACTIVITIES:
TRAVEL

FMG
(Exhibit-19)

**ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT PARENT
TRAVEL CONSENT FORM**

for participating in school-sanctioned activities during the 2021-22 school year as a member of the Odessa High School Band.

Faculty Sponsor(s): John Mayo, Jimmy Olague and Sarah Summersgill

STUDENT'S NAME: _____ GRADE LEVEL: _____

ADDRESS: _____ HOME PHONE: _____

PARENT/GUARDIAN'S NAME: _____ BUSINESS PHONE: _____

ALTERNATIVE ADULT: _____ BUSINESS PHONE: _____

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year, including all errands and activities related to duties of and assignments made to members enrolled in the Odessa High School Band program. The mode of transportation may be ECISD or commercial bus, or a private vehicle. Private vehicles may be driven by school personnel, a parent, or the above-named student when the event is in Ector County or the City of Odessa.

I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities of this organization, and (iii) subjected to other appropriate disciplinary measures.

I agree to, and hereby, release Ector County Independent School District and its trustees, employees, sponsors, and volunteers from all legal responsibility from liability resulting from any activities of this Organization, including liability caused by or related to the negligence of any such party.

IN CASE OF EMERGENCY and with the approval of the sponsor or an ECISD employee, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional information or comments:

This form must be signed and returned to the sponsor before the student will be permitted to drive his/her vehicle to any off-campus activities of this organization.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

2021-22 PARENTAL/GUARDIAN CONSENT FORM

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image to be published on the district, school or band's website or any social media pages.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information.

These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names and/or a photo or image.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the band directors and the rescission will take effect upon receipt of said document by the teachers.

Check **ONE** of the following choices:

- I/We **GRANT** permission for a photo/image that includes this student *without any other personal identifiers* to be published on the school and/or band's public Internet site.
- I/We **GRANT** permission for this student's photo/image *and name* to be published on the school and/or band's public Internet site.
- I/We **DO NOT GRANT** permission for this student's photo/image or any other personal identifiers to be published on the school and/or band's public Internet site.

Student's Name: _____
PLEASE PRINT

ID #: _____

Parent/Guardian: _____
PLEASE PRINT

Signature of Parent/Guardian: _____

Relation to Student: _____

Date: _____

OHS Band

CHARMS Update

2021-2022

Student Name _____ **ID#** _____

Marching Instrument _____ Concert Instrument _____

Student Cell Phone _____ Student email _____

Student's home address _____
Street Zip code

Grade: _____ Shirt Size: _____

Adult #1 Name _____
(One adult per student REQUIRED on file)

Relation to Student _____ Adult #1 Cell phone _____

Adult #1 email _____
(required to receive communications and monthly statements)

Adult #1's home address _____
Street Zip code

Adult #2 Name _____
(You may list a second adult if you choose)

Relation to Student _____ Adult #2 Cell phone _____

Adult #2 email _____
(required to receive communications and monthly statements)

Adult #2's home address _____
Street Zip code