

## Mandatory Forms and Items:

- Band Registration online at <http://www.cougarmusic.org/join.html>
- Mandatory Student Activity Insurance (Online at [www.pcsb.org/StudentAccidentInsurance](http://www.pcsb.org/StudentAccidentInsurance))
  - Make sure you are purchasing for the 2024/2025 school year. This is not usually available until July.
  - Select at least the \$4 At School PK-12 Low Option. This is all we are required to have. If you want higher options, that is a family decision.
  - Print out proof of purchase to turn in with paperwork.

## DIRECTIONS FOR ENROLLMENT:

- Open New Account - Create an account with a User ID and Password. (You must create a new account each school year.) Remember your User ID and Password for future reference and to reprint ID cards if necessary.
  - Add Student & Coverage by clicking the "Add Student" button on the top of the page. Continue to add each student by clicking on the "Add Student" button until all your students are added.
  - Click on "Add Selected Items to Shopping Cart" then select "Checkout".
  - Select your payment type and click "Continue Checkout". Pay by credit card or e-check. If you do not have a credit card or checking account, contact the local office at 727-576-5995 for assistance.
  - Enter billing information and click "Continue Checkout".
  - Click "Pay and View Receipt" to complete your order. To print your ID card, click on Return to My Account at the bottom of the screen. You will also receive a confirmation email with the ID card.
  - Provide a copy of the ID card to the boosters as proof of enrollment.
  - Annual Marching Band Participation Form
  - Marching Band Participation Physical Exam
- Annual Marching Band Participation Form
  - Marching Band Participation Physical Exam
    - First 2 pages are filled out and signed by the parents and student
    - Second 2 pages are completed by a doctor
    - This form is the ONLY physical accepted, regular school physicals and FHSAA sports physicals are not accepted by the county for Marching Band
  - Emergency Treatment Authorization Card
    - Must be notarized
  - Consent and Release from Liability
    - If student is under 18, fill out the form labeled "for minor"
    - If student is 18+, fill out the form "by student 18 years or older"
    - Must be notarized
  - Assumption of the Risk and Liability relating to Coronavirus/COVID-19
  - Field Trip Activity Permission Form
    - We need this in order for you to participate in away games and competitions

#### Voluntary Forms and Items:

- Volunteer Registration Form
  - New volunteers can register online at <https://asd.pcsb.org/schoolwiresforms/volunteer/>
  - Returning volunteers should sign in to Focus at <https://focus.pcsb.org/volunteer/>
  - Information on becoming a Level 2 volunteer can be found at <https://www.pcsb.org/Page/12334>
  
- Vehicle Registration Form
  - Only fill this form out if you wish to volunteer to transport students to events in your private vehicle, if necessary.
  - You must be a level II volunteer to drive students
  - This form is located at <https://www.cougarmusic.org/documents.html>
  
- Uniform Order Form
  - All new students will receive a practice shirt, theme shirt, polo shirt, gloves and marching shoes.
  - Returning students will receive a theme shirt.
  - Use this form to order additional pieces only.

Please use this checklist to make sure that all forms are filled out completely BEFORE the student participates in any event with our program. This is in place for safety. If you have any questions, please email Mr. Parrulli at [parrulliv@pcsb.org](mailto:parrulliv@pcsb.org)

PAPERWORK MAY TURNED IN PRIOR TO THE NEXT PRACTICE

PINELLAS COUNTY SCHOOLS  
ANNUAL MARCHING BAND PARTICIPATION

STUDENT FULL NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_ GRADE: \_\_\_\_\_

**NOTICE TO PARENT/LEGAL GUARDIANS**

The School Board of Pinellas County, Florida ("PCSB") offers a variety of marching band activities to registered students at secondary schools and encourages interested students to participate in sanctioned band events. By signing this agreement, the parent/legal guardian understands and agrees that there are inherent risks associated with the named child participating in band activities: including but not limited to scheduled practices, performances, competitions, and regional and state championships, and hereby gives permission for his/ her child to participate in marching band activities as a student.

**NOTICE OF RESPONSIBILITY OF MARCHING BAND STUDENT AND PARENT/LEGAL GUARDIAN**

As the parent/legal guardian of the student who will be participating in marching band activities held by PCSB band programs, the parent/legal guardian understands and agrees to the following rules and responsibilities:

Qualifications to Participate

- a) An annual Physical Exam of the marching band student is required, and the results shall be provided to the school's Band Director or designee. Physicals must be performed by a medical provider licensed in the State of Florida with no family relation to the student. The school shall prevent student from participating if all required paperwork is not received 48 hours prior to deadline/try-outs. The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner.
- b) Attendance to all practices and performances, including timely arrival and preparation, is a commitment by the parent/legal guardian and student to his/her team, school, and the band. Student and parent/legal guardian agree to follow school directives regarding the child's participation in the marching band activities.
- c) Arrival and departure from band activities is the responsibility of the parent/legal guardian, unless specific PCSB designated transportation is provided. Parent/Legal Guardian waives, releases and holds harmless PCSB, its employees and volunteers from any liability arising from PCSB releasing the band student from the band activity for individual return to home, whether his/her method and means is by foot, bicycle, motor vehicle or other various means by him/ herself, friend, relative, or other persons at the student's discretion.
- d) Student's eligibility to participate in band activities shall be determined by the school administration, in accordance with PCSB Student Code of Conduct, including but not limited to, the student maintaining satisfactory grades, appropriate behavior, and compliance with band rules.
- e) Report immediately to PCSB Band Director any and all injuries, changes in medical conditions, and/or medical treatments that occurred as a result of student participating in band activity or that may affect their ability to continue to participate in the band activity. Upon request, student will seek medical treatment and provide PCSB with medical provider records on eligibility to participate in band activity. Participation in any band activity may be withheld by PCSB at any time deemed appropriate and the student shall not be allowed to resume activity without satisfactory medical provider note or records.
- f) If any document, or signature on such document has been falsified, misrepresented, or intentionally excluded, student shall be immediately suspended from band and declared as ineligible status. Ineligible status and band suspension shall be effective for one calendar year from the date of disclosure.

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

**PINELLAS COUNTY SCHOOLS  
PCSB Marching Band Preparticipation  
Physical Evaluation**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require pages 1 and 2 of this form to be re-submitted.

**Part 1. Student Information (to be completed by a parent)**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

**Part 2. Medical History (to be completed by the student or parent). Explain "Yes" answers below. Circle questions you don't know the answers to.**

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or physical?			26. Have you ever become ill from exercising in the heat?		
2. Do you have an ongoing chronic illness?			27. Do you cough, wheeze or have trouble breathing during or after activity?		
3. Have you ever been hospitalized overnight?			28. Do you have asthma?		
4. Have you ever had surgery?			29. Do you have seasonal allergies that require medical treatment?		
5. Are you currently taking any prescription or non-prescription (over-the-counter medications or pills or using an inhaler)?			30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?		
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			31. Have you had any problems with your eyes or vision?		
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?			32. Do you wear glasses, contacts or protective eye wear?		
8. Have you ever had a rash or hives develop during or after exercise?			33. Have you ever had a sprain, strain or swelling after injury?		
9. Have you ever passed out during or after exercise?			34. Have you broken or fractured any bones or dislocated any joints?		
10. Have you ever been dizzy during or after exercise?			35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
11. Have you ever had chest pain during or after exercise?			If yes, check appropriate blank and explain below: Head _____ Elbow _____ Hip _____ Neck _____ Forearm _____ Thigh _____ Back _____ Wrist _____ Knee _____ Chest _____ Hand _____ Shin/Calf _____ Finger _____ Ankle _____ Foot _____ Upper Arm/Shoulder _____		
12. Do you get tired more quickly than your friends do during exercise?					
13. Have you ever had racing of your heart or skipped heartbeats?					
14. Have you had high blood pressure or high cholesterol?					
15. Have you ever been told you have a heart murmur?					

16. Has any family member or relative died of heart problems or sudden death before age 50?			36. Do you want to weigh more than you do now?		
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?			37. Do you lose weight regularly to meet weight requirements for your sport?		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?			38. Do you feel stressed out?		
19. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, blisters or pressure sores)?			39. Have you ever been diagnosed with sickle cell anemia?		
20. Have you ever had a head injury or concussion?			40. Have you ever been diagnosed with having the sickle cell trait?		
21. Have you ever been knocked out, become unconscious or lost your memory?			41. Record the dates of your most recent immunizations (shots) for: Tetanus: _____ Measles: _____ Hepatitis B: _____ Chickenpox: _____		
22. Have you ever had a seizure?			FEMALES ONLY (optional)		
23. Do you have frequent or severe headaches?			When was your first menstrual period? _____ Most recent? _____		
24. Have you ever had numbness or tingling in your arms, hands legs or feet?			How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____		
25. Have you ever had a stinger, burner or pinched nerve?			What was the longest time between periods in the last year? _____		

Explain "YES" answers here: \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), Echocardiogram (ECG) and/or cardio stress test.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PINELLAS COUNTY SCHOOLS  
PCSB Marching Band Preparticipation  
Physical Evaluation**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require pages 1 and 2 of this form to be re-submitted.

**Part 3. Physical Examination** (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_ Weight: \_\_\_\_ Body Fat (optional): \_\_\_\_ Pulse: \_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_ Hearing: Right: P \_\_\_\_ F \_\_\_\_ Left: P \_\_\_\_ F \_\_\_\_  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes \_\_\_\_ No \_\_\_\_ Pupils: Equal \_\_\_\_ Unequal \_\_\_\_

Findings	Normal	Abnormal Findings	Initials
<b>Medical</b>			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulse s			
6. Lungs			
7. Abdomen			
8. Genitalia (males only)			
9. Skin			
<b>Musculoskeletal</b>			
10. Neck			
11. Back			
12. Shoulder/Arm			
13. Elbow/Forearm			
14. Wrist/Hand			
15. Hip/Thigh			
16. Knee			
17. Leg/Ankle			
18. Foot			
*station-based examination only			

**Assessment of Examining Physician/Physician Assistant/Nurse Practitioner**

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation  
 \_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_ Precautions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_ Referred to: \_\_\_\_\_ for: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PINELLAS COUNTY SCHOOLS  
PCSB Marching Band Preparticipation  
Physical Evaluation

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

**Assessment of Physician to Whom Referred (if applicable)**

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_\_ Cleared without limitation

\_\_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_\_\_ Precautions: \_\_\_\_\_

\_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_ Cleared After completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Referred to: \_\_\_\_\_ For: \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PINELLAS COUNTY SCHOOLS  
PCSB Marching Band  
EMERGENCY TREATMENT AUTHORIZATION CARD – English**

Legal Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

My child is allergic to the following medications: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

Please identify any serious injuries or illnesses your child has had: \_\_\_\_\_

Alternate family member/friend to contact in case of emergency:

Name: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

You understand that the insurance offered by Pinellas County Public Schools is a secondary policy and will pay only after your personal insurance pays.

Please write "none" if you have no personal insurance on this athlete. \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

I certify that I am the parent or legal guardian of the student named below. I request that in my absence this student may be admitted to any hospital or medical facility for diagnosis and treatment and give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by the hospital and/or doctor and agree to hold the School Board and its employees and agents harmless in the administration of such assistance. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment or operative procedures as may be necessary for the minor named below. I have not been given a guarantee as to the results of examination or treatment. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms. Section 92.525, Fl. Stat.: "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature of Parent/Legal Guardian \_\_\_\_\_ Print Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_ Other \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_ personally know to me or \_\_\_\_\_ produced identification (type of identification).

(Seal)

\_\_\_\_\_  
Notary Public – Signature



PINELLAS COUNTY SCHOOLS  
**CONSENT AND RELEASE FROM LIABILITY FOR MINOR CHILD**

This completed form must be kept on file by the school. The form is valid for 365 calendar days from the date of the most recent signature.

I am the parent or legal guardian of the minor child designated below (hereinafter "Child" or "Student"). I know of and acknowledge that there are risks involved in participating in the marching band and related activities and understand that serious injury is possible in such participation. I have explained the risks of participation in the marching band to the Student. I choose to accept any and all responsibility for the Student's safety and welfare while participating in the marching band. With full understanding of the risks involved, I release and hold harmless my child's school, the schools against which it competes, the School Board of Pinellas County and each of their agents and representatives including the contest officials, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against them because of any accident or mishap involving the Student's participation. I authorize emergency medical treatment for the Student should the need arise for such treatment while the Student is under the supervision of the school. I further hereby authorize the use or disclosure of the Student's individually identifiable health information should treatment for illness or injury become necessary.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CHILD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.**

**YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. YOU UNDERSTAND THAT THE AUTHORIZATIONS AND RIGHTS GRANTED HEREIN ARE VOLUNTARY AND THAT YOU MAY REVOKE THEM AT ANY TIME BY SUBMITTING A REVOCATION IN WRITING TO THE BAND DIRECTOR OR SCHOOL PRINCIPAL. BY DOING SO, YOU UNDERSTAND THAT YOUR MINOR CHILD WILL NO LONGER BE ELIGIBLE FOR PARTICIPATION IN MARCHING BAND.**

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, \_\_\_\_ personally, know to me or \_\_\_\_ produced identification

\_\_\_\_\_ (type of identification).

(Seal)

\_\_\_\_\_  
Notary Public – Signature

**PINELLAS COUNTY SCHOOLS  
CONSENT AND RELEASE FROM LIABILITY  
(BY STUDENT 18 YEARS OR OLDER)**

This completed form must be kept on file by the school. The form is valid for 365 calendar days from the date of the most recent signature.

I am a student and have attained the age of 18 (hereinafter "Student"). I know of and acknowledge that there are risks involved in participating in the marching band and related activities and understand that serious injury is possible in such participation. I choose to accept any and all responsibility for my safety and welfare while participating in the marching band. With full understanding of the risks involved, I release and hold harmless my school, the schools against which it competes, the School Board of Pinellas County and each of their agents and representatives including the contest officials, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against them because of any accident or mishap involving my participation. I authorize emergency medical treatment should the need arise for such treatment while under the supervision of the school. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR RIGHT TO RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.**

**YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IN MARCHING BAND IF YOU DO NOT SIGN THIS FORM. YOU UNDERSTAND THAT THE AUTHORIZATIONS AND RIGHTS GRANTED HEREIN ARE VOLUNTARY AND THAT YOU MAY REVOKE THEM AT ANY TIME BY SUBMITTING A REVOCATION IN WRITING TO THE BAND DIRECTOR OR SCHOOL PRINCIPAL. BY DOING SO, YOU UNDERSTAND THAT YOU WILL NO LONGER BE ELIGIBLE FOR PARTICIPATION IN MARCHING BAND.**

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**ACKNOWLEDGEMENT BY PARENT/GUARDIAN**

**I UNDERTAND THAT MY CHILD IS PARTICIPATING IN MARCHING BAND WHICH IS A POTENTIALLY DANGEROUS ACTIVITY. I ARE AGREE THAT EVEN IF THE SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT MY CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, I AM GIVING UP ANY RIGHT THAT I MAY HAVE TO**

RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, \_\_\_\_\_ personally, know to me or \_\_\_\_\_ produced identification

\_\_\_\_\_ (type of identification).

(Seal)

\_\_\_\_\_

Notary Public – Signature

PINELLAS COUNTY SCHOOLS  
**ASSUMPTION OF THE RISK AND LIABILITY RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

PCSB will conduct certain activities will occur beyond the school day. These activities, including scheduled practices, performances, competitions, and Music Performance Assessments, will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the activity will be required to adhere to all safety protocols and are subject to immediate removal from the activity if they do not comply. These activities are a privilege, and not a right, of public school students.

PCSB has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending activities where close contact may be inevitable will increase** your risk and your child(ren)'s risk of contracting COVID -19. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the activity until he/she has been without a fever for at least 72 hours.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the activity until 14 days have elapsed since the time of contact and only then if my child(ren) are exhibiting no symptoms of COVID-19.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 because of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), PCSB staff, volunteers, or agents, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of myself and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Pinellas County, Florida, and its employees and agents harmless from any and all claims (including negligence), suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the activity.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with my child/ward; understand and agree to be bound by the terms on behalf of myself and my child/ward.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
School Name

PINELLAS COUNTY SCHOOLS  
FIELD TRIP/ACTIVITIES PERMISSION FORM



School Countryside High School

I (We) hereby grant permission for \_\_\_\_\_ to participate  
Student Name  
in a field trip/activity to All Band and Guard Activities and Events on 2024 / 2025 School Year  
Location Date  
and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

Walking  School Bus  Commercial Carrier Bus  Rental Vehicle (Auto, Mini Van)  
 Private Passenger Vehicle with  District Employee Driver  Volunteer Driver  Student Driver\*  
Time of Departure (Approximate) \_\_\_\_\_ Time of Return (Approximate) \_\_\_\_\_

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

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

- 4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

**If the Field Trip is to a District or non-District site where students will have the opportunity to touch and hold animals, please complete the following:**

Your child will have the opportunity to touch and hold captive animals during this field trip. Please check one space below to indicate your approval or denial

**YES**, my child may touch and hold the animals.  **NO**, my child may NOT touch and hold the animals.

\* From time to time students may be allowed to drive other students to and from field trips or activities on a case-by-case basis, and only with administrative approval.

**I agree** /  **I do not agree** (check one) to allow my child to ride with another student.

Signature of Parent/Guardian \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

\_\_\_\_\_ Date



# Golden Cougar Band Boosters, Inc.

Supporting the Countryside High School "Golden Cougar Band of Pride"

P.O. Box 14923 - Clearwater, FL 33766-4923

<http://www.cougarmusic.org>

## Marching Band Uniform Order Form – 2024

All new students will receive a Practice Shirt, Polo Shirt, Marching Shoes and Gloves.

This order form is for additional items, and for Parent/Booster items

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Instrument: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

	Size	Price	Quantity		Total
<b>Marching Practice Shirt (STUDENTS)</b> Worn by all band members for: Practices Friday football games (under uniform) Saturday competitions (under uniform) 2x +\$1.00; 3x +\$2.00; 4x +\$4.00; 5x +\$6.00	Small	\$10			
	Medium	\$10			
	Large	\$10			
	XL	\$10			
	2X-5X				
<b>Polo Shirts (STUDENTS and BOOSTERS)</b> Worn by all band members for: Parades School assembly Other special events 2x +\$1.00; 3x +\$2.00; 4x +\$4.00; 5x +\$6.00			Men's Fit Qty	Ladies Fit Qty	
	Small	\$35			
	Medium	\$35			
	Large	\$35			
	XL	\$35			
	2X-5X				
<b>Marching Shoes (STUDENTS)</b>		\$30			
<b>Black Gloves (SUDENTS)</b> Worn by all members <b>except percussion</b>		\$4			
<b>Booster T-shirts</b> Worn at football games, competitions, parades, fundraisers, etc. Can be worn by all family members. Extra Cost 2x +\$1.00; 3x +\$2.00; 4x +\$4.00; 5x +\$6.00	Small	\$12			
	Medium	\$12			
	Large	\$12			
	XL	\$12			
	2X-5X				

**Make checks payable to GCBB. Items will not be given to student unless payment has been made.**