

**BAND/COLOR GUARD CONTRACT FOR
2017-2018 SCHOOL YEAR
(Please sign and return)**



(Student's Last Name Initial)

I have read and understand the material contained in the band hand book, especially the areas concerning the assessment, band rules and regulations, the grading and award system. I realize the band program goes beyond the classroom in its scope. Therefore, my responsibilities are greater than they would be in a standard classroom situation. This band manual represents a source of information and a contract. I agree to accept the responsibilities and rewards as a member of the band program. I acknowledge and agree if I fail to comply with the rules and regulations it may result in disciplinary action and/or removal from the band program.

I understand that I am responsible for my uniform, my instrument and my personal belongings. I may not hold the Jackson Memorial Band Parents, Inc. responsible for the loss of any of these items while at football games, competitions or trips. I am also responsible for any instrument or item belonging to the Jackson Memorial Band (rifles, flags, uniforms, instruments, etc.) If any such item is lost or damaged, I understand that I am responsible for the cost to repair and/or replace that item.

ACCEPTED AND AGREED:

Print Name of Student _____ Signature of Student _____

Print Name of Parent or Guardian _____ Signature of Parent or Guardian _____

Parent e-mail _____

Home address _____

Parent Home Phone # _____ Parent Cell # _____

(Please indicate which number you prefer for phone chain: ___ HOME ___ CELL)

Student Cell # (for section leader) _____

Student Email (for section leader) _____

Instrument _____ serial# _____

OWNED BY STUDENT _____ OWNED BY SCHOOL _____

Condition of Instrument owned by School: _____ Initials _____

CHECK HERE IF YOU ARE A COLOR GUARD MEMBER _____