

Marching Band Schedule

Band Camp-Mandatory in full duration-Conflicts must be approved by Mr. Bowman

August 4 th	9pm-5pm	Leaders/Drum Line/Front Ensemble
August 5 th	8am-5pm	All New Members/Drum Line/Front Ensemble/Guard/Leaders
August 6 th	8am-5pm	All Band Members/Color Guard
August 7 th	8am-5pm	All Band Members/Color Guard
August 8 th	8am-5pm	All Band Members/Color Guard
August 11 th	8am-5pm	All Band Members/Color Guard
August 12 th	8am-5pm	All Band Members/Color Guard
August 13 th	8am-5pm	All Band Members/Color Guard
August 14 th	8am-5pm	All Band Members/Color Guard – TENTATIVE (MAY CHANGE)
August 15 th	8am-5pm	All Band Members/Color Guard

August 15th will be our annual Marching Band Dinner and Friends/Family Show

All Parents/Family/Friends/Alumni are invited to come watch and eat with us 5:45-8pm

School Year Rehearsals:

All Marching Band Rehearsals will be held on Monday and Wednesday of each week from 3:30-6pm. These rehearsals will end at the conclusion of the marching season in November.

Football Schedule:

Football Season/Competitions

Date	Event	Where	Time
8/22	Santaluces – Kickoff Game	Home	7pm
8/29	Cypress Bay – Football Game	Home	7pm
9/05	Boca Raton – Football Game	Home	7pm
9/12	Spanish River – Football Game	Away	7pm
9/19	Forest Hill – Football Game	Away	7pm
9/26	Palm Beach Lakes – Football Game	Home	7pm
10/02 (Thurs)	Olympic Heights – Football Game	Home	7pm
10/10	Royal Palm – Football Game	Away	7pm
10/11	Park Vista Competition	Park Vista HS	All Day
10/17	West Boca – Football Game	Away	7pm
10/18	Crown Jewel Marching Festival (Tentative)	Vero Beach HS	All Day
10/24	William T. Dwyer – Football Game	Home	7pm
10/25	Marching MPA	Palm Beach Central HS	All Day
10/31	Lake Worth – Football Game	Home	7pm
11/1	Marching MPA Rain Day (If original is cancelled)	Palm Beach Central HS	All Day

Medical Authorization / Emergency Form

Please Print

This form will be in the possession of the Band Director or person in charge to insure proper medical treatment by physicians or hospital in the event of serious injury.

Please have this form notarized below.

Name: _____ Gender: M / F Grade: 9 / 10 / 11 / 12

Birth Date: ____/____/____ Place of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name:

1. _____ Cell Phone: _____

2. _____ Cell Phone: _____

Emergency Contact:

Name: _____ Phone No.: _____

Please list any significant medical conditions that we should be aware of :

_____ Is your child taking any medication that we should be aware of?

Name of Medication: _____

Please list all food allergies: _____ Please list all drug allergies: _____

Does student have asthma: Yes / No If Yes, does student use an inhaler: Yes / No

Insurance Co.: _____ Policy No.: _____

I hereby give my consent for medical treatment as deemed necessary by physicians designated by school authorities and for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her participation. I understand this authorization will only be enforced when I cannot personally be contacted.

Signature: _____ Date: _____
Parent/Guardian

**STATE OF FLORIDA:
COUNTY OF PALM BEACH:**

The foregoing instrument was acknowledged before me this ____ day of _____, 2014, by _____, who is personally known to me or who produced _____ as identification.

Notary Seal

Signature of Notary Public, State of Florida

Marching Band Shoe Order Form

Student Name: _____

(Note: Band Shoes are not for color guard)

Cost \$30

Shoe Size _____

Wide Width: Yes or No

Please Circle: Male or Female

Sizes Available:

Womens: 5 ½ to 12 (Full and Half sizes) wide width available in sizes 8 ½ to 11 ½

Mens: 3 ½ to 16 (Full and Half sizes except 12 ½, 13 ½, 14 ½, and 15 ½) wide width available in 6 ½ to 11 ½, 12, 13, and 14

T-Shirt

(Band and Color Guard)

Adult T-Shirt Size _____

(S, M, L, XL, 2XL)

Please return this completed form with shoe payment (checks payable to Atlantic Community High School) to Mr. Bowman by August 6th during band camp. If you wish to mail it send it to:

ATTN: Atlantic Band
2455 W. Atlantic Ave.
Delray Beach, FL 33445

Atlantic Community High School

Instrument Rental Agreement

On a limited basis the school can provide rental instruments for students who do not own one. We can provide Flute, Clarinet, Saxophone, Bassoon, Oboe, French Horn, Euphonium, Trumpet, Trombone, Tuba, Percussion, and some Marching Equipment.

This year we will be offering the rental program at the rate of \$25 for the entire year. This rental fee will cover any annual maintenance necessary for each instrument to stay in usable condition. Please understand that if the instrument is damaged beyond normal 'wear and tear' or lost you are responsible for replacement or repair. Every instrument signed out must have this form submitted and verified by Mr. Bowman.

Additional instruments that are typically necessary for a playing position (i.e. french horn and mellophone). The information below must be filled out and signed before any rented instrument is allowed to go home.

Student Name: _____

Instrument: _____

Serial Number: _____

Condition: _____

Noted Defects _____

Date Out: _____

Date In: _____

Student Signature: _____

Parent Signature: _____

This is a 2 part form, please fill out both parts completely and clearly

Part I-Handbook Receipt

The student must return this form to the band director by September 1st for his/her first grade of the semester.

Our signatures verify that we have received and read our copy of the Atlantic Community High School Handbook (available at www.achsmusic.org). Our signatures also give permission for our student to work with all Atlantic Community High School Band instructors, whether volunteer or paid, in both group and individual rehearsals. Finally, we understand and will comply with all the rules, regulations, and responsibilities, both financial and physical, for the 2014-2015 Band Season.

Student Name (**print**) _____

Student Signature _____ Date: _____

Parent Name (**print**) _____

Parent Signature _____ Date: _____

Parents' Email Address (print clear) _____

Parents' Daytime phone number 1. _____ 2. _____

Parents' Address _____

Part II-Media Release

Band Students' photographs, video images, writings, performance recordings, names, grade levels, participation in activities, and other information may appear in programs, web sites, press releases, videos, recordings and other district approved media for promotional purposes.

Check One:

____ I hereby give permission to the Atlantic Community High School Band to use my child's photograph, video image, writings, recordings, name, grade level, and other pertinent information in district, school, or band media.

____ I **do not** give permission for the consent request indicated above

Parent Signature _____ Date: _____