

**Vero Beach High School Orchestra  
Participation Contract– 2018-19**

**Student First Name** \_\_\_\_\_ **Student Last Name** \_\_\_\_\_

I, the undersigned parent – legal guardian of the above named student, do hereby agree and grant full permission for my student to fully participate in the VBHS Orchestra for the school year 2018-2019.

I agree to and fully support my student’s membership in the VBHS Orchestra and agree that both I and my student will abide by all VBHS Orchestra policies as stated in the official Orchestra Handbook including those as stated in this agreement.

I agree for my student to be photographed for approved school purposes. I also acknowledge and understand the IRCSB policies regarding hazing and social media and agree to those terms. I agree that the Hazing Form, Social Media Form, and District Drug Testing Policy must be signed and on file with the orchestra office.

I understand and agree that participation in orchestra is for the 2018-19 academic year and agree that my student will fully participate.

I agree and understand that all activities of the orchestra including rehearsals, performances, field trips, meetings, and other activities as listed on the orchestra calendar are mandatory unless the student’s absence is approved. THEREFORE, I pledge that my student will attend all events and activities as posted and as updated on the VBHS orchestra calendar (located on the VBHS orchestra website and on Charms)

**Student Contact Information**

Parent #1 Contact. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent #2 Contact. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please CIRCLE the appropriate response to the following health related questions and explain if the answer is “yes”:

Does the above named student have (presently or within the past 12 months) the following health related issues or problems?

- Neck, shoulder or back injuries? Yes No (explain which)
- Heart, blood pressure, breathing, diabetic conditions? Yes No (explain which)
- Food allergies? Yes No (please list which)
- Been restricted from PE, Band, Sports, or other related activities due to an injury?  
Yes No (list which)

List any medical condition that the student may have not covered in the above list and explain.

I certify and verify that the above health information is correct to the best of my knowledge and that my student is physically fit and free of any health problems that would prevent them from fully participating and performing in all aspects of the Vero Beach High School Orchestra.

**Parent - Guardian Statement**

I, the undersigned parent or legal guardian of the above named student have read, understand, and agree to the terms, conditions, policies, rules, and dates as outlined in this specific contract. In addition, I further agree that I and my student will abide by the policies as stated in the official VBHS Orchestra Handbook, and agree to participate in the events as posted on the VBHS Orchestra Calendar.

I acknowledge one of the following statements (**check one**):

\_\_\_\_\_ I have access to the VBHS Orchestra Handbook and the VBHS Orchestra Calendar located on the internet at [www.vero-beachorchestra.com](http://www.vero-beachorchestra.com) and that it is my responsibility to be fully informed and aware of the contents of said handbook and calendar including periodic updates throughout the year.

**OR**

\_\_\_\_\_ It is my responsibility to request a written copy of the VBHS Orchestra Handbook and the VBHS Orchestra Calendar from orchestra office and that it is my responsibility to be fully informed and aware of the contents of said handbook and calendar including periodic updates throughout the year.

**PARENT OR GUARDIAN PRINTED NAME:** \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_