



**WILLIAM T. DWYER HIGH SCHOOL
PANTHER BAND**

13601 N. Military Trail
Palm Beach Gardens, FL 33418
Phone: (561) 625-7879
Fax: (561) 625-7850

**Communication/Contact Information
2017-2018**

Student Name			
Street Address		School ID	
City, Zip		Entering Grade	
Email		Cell Phone	

Check all that apply:

- Marching Band** **Concert Band** **Jazz** **Color Guard**

Instrument: _____ _____ _____

Parent/Guardian Information:		
	Mother / Guardian	Father / Guardian
Name		
Address (only if different from Student)		
Email		
Email Two		
Home Phone		
Cell Phone		
Work Phone		

Fair Share - check one:

- Panther Marching Band - \$430 Color Guard - \$530 (Uniform extra)
 Concert or Jazz Band (non-marching) - \$50 Winter Guard - \$400 (Uniform extra)



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Financial Contract 2017-2018

The William T. Dwyer Marching Band, Color Guard and Winter Guard are extra-curricular activities. There is a minimum amount of money needed for this program to run and succeed. The financial commitment required from each member is called "Fair Share." Many fundraisers are organized by the band booster organization to raise monies that can be applied to a student's individual "Fair Share" Account.

FairShare - check one:

- Panther Marching Band - \$430
- Color Guard - \$530
- Concert or Jazz Band (non-marching) - \$50
- Winter Guard - \$400

Accessories such as, but not limited to: Warm-ups, Band Shirts, Hats, Marching Shoes and Color Guard uniforms are not included in Fair Share and must be paid for separately.

NOTICES

1. Fair Share payments must be up to date by the time of the performance or the student will not perform until the Fair Share is up to date!!!
2. Students are STILL required to attend and serve the band in other ways, but will not participate in any PERFORMANCE until the Fair Share is up to date!
3. If the student does not perform in the show, there will be an alternate WRITTEN assignment to make up the points. See UNEXCUSED ABSENCE in the handbook for procedure.
4. Students WILL be on OBLIGATION for unpaid Fair Share beginning the start of the second Semester. Failure to pay this OBLIGATION may result in the student's ability to attend school events, check out textbooks, pick up report cards, or participate in graduation.
5. Fair Share payments are non-refundable.

AGREEMENT STATEMENT

I, _____ the parent/guardian of _____ have read and agree with all of the above statements regarding Fair Share and obligation. I understand Fair Share requires participation in fundraisers provided by the band boosters to raise the Fair Share, and/or I agree to pay the balance of funds that are not raised. I agree to adhere to the payment schedule as presented on my son/daughter's Financial Statement provided by the Treasurer, and understand that failure to do so will result in consequences listed in "Notices", above.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

In order for the band to function, these payments need to be made promptly. If you have any questions or problems, please do not hesitate to contact the Band Booster President or Band Director.



BAND HANDBOOK AGREEMENT

I, the undersigned student, accept membership in the W.T. Dwyer High School Band. I understand that I am responsible for all policies as set forth in this booklet. I fully agree to carry out my responsibilities to the best of my ability. I understand that these guidelines will be handled at the Director's discretion and the Director has the final approval in all situations.

Student Name (print)

Student Signature

I, the undersigned parent/guardian have read and understand the policies set forth in the Band Handbook published online at www.dwyerband.org. I also grant full permission for my child to be an active member of the W.T. Dwyer High School Band. My signature below constituted consent for my child to be transported in vehicles authorized by the school to participate on all trips and activities in which the band is engaged during the 2017-2018 school year. I shall not hold the school or teacher responsible in case of an accident as I feel assured that the maximum attention will be given to all safety precautions.

I understand that a medical release form must be signed and notarized before my child can participate in any Panther Band activity. This gives the director permission to have my child treated for injuries if they occur and I cannot be contacted.

I understand my child's financial obligation (fair share) to the program is a requirement of membership. This financial obligation can be paid outright or through fundraising. If I cannot pay it outright I will encourage and assist my child with fundraising. Failure to meet my child's financial obligation will result in their being placed on the obligation list with the school until the balance is paid in full.

Parent Guardian Name

Parent Guardian Signature

_____/_____/_____
Date

Parent/Guardian Name

Parent/Guardian Signature

_____/_____/_____
Date



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Student Name _____

Band/Guard Rules and Regulations for All Trips

Please review the following rules and regulations with your son or daughter. Your signature below indicates that you will support and uphold all of the rules stated below. If there is a severe infraction of the rules that follow, parents and the Principal will be contacted, and at the Director's discretion a student may be sent home at the expense of the parent.

1. Students will follow the tour itinerary at all times. There will be no individual sight-seeing or non-attendance during a scheduled activity.
2. There will be no use of cigarettes.
3. There will be no use of illegal substances.
4. There will be no use of alcohol.
5. Male and female students are not permitted to visit each other's room.
6. Students will abide by the curfew assigned each night, according to the evening's activities. Students must contact a chaperone to leave the room after curfew, if a need arises.
7. No student will leave the hotel, without exception, unless accompanied by a chaperone.
8. Students are expected to be on time for all activities.
9. Students are to behave in a courteous, respectful, and responsible manner. Refrain from language and actions that might bring discredit upon themselves and/or their school.
10. Student's attire during the trip will be determined by the type of activity, but must always be modest as not to attract attention. Everything must be to the knee or longer. No midriffs or tank tops or you will be made to change.
11. Hotel property and other hotel guests must be respected at all times. Students must adhere to the hotel's policies concerning this matter.
12. Accidents, injuries and illnesses must be reported to a chaperone or the director immediately.
13. Individuals responsible for damages to any property or furnishings will be responsible for its repair or replacement.
14. No local or long-distance phone calls may be made from student rooms; use of the phones in the hotel lobby or in the chaperones room is permitted as well as cell phone usage.
15. All rules prescribed by the Dwyer HS Student Handbook will also be followed.

We agree to abide by the above stated regulations. Violation of these rules could affect student's standings in honor societies, school organizations, athletic teams and participation in graduation ceremonies. I have also read and signed the contract from the travel company (if applicable) in charge of the trip and agree to those rules as well.

Parent/Guardian Signature(s)

Print Parent/Guardian Name

Date

Student Signature

Print Student Name

Date



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Permission To Use Photographs

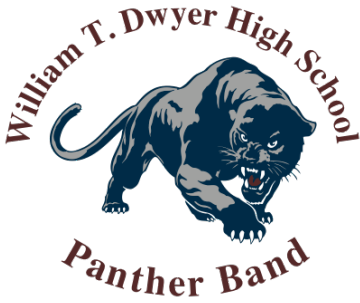
The W. T. Dwyer High School uses the online school website service Edline. We maintain a webpage on that site that may contain photographs of students. Because there are pictures included on this site it is necessary for me to obtain a signed waiver from a parent/guardian before a picture of any student can be put on the website. If for some reason you do not want your child's picture on the website, please sign the appropriate area.

I give permission to Mr. Allen Lamp and the web master to place any picture that includes my son/daughter, _____, on the Panther Band Website.

Parent/Guardian Name Parent/Guardian Signature Date / /

I DO NOT give permission to Mr. Allen Lamp and the web master to place any picture that includes my son/daughter, _____, on the Panther Band Website.

Parent/Guardian Name Parent/Guardian Signature Date / /



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Student / Medical Information

Student Name:	Date:
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Parent/Guardian Information:			
Mother / Guardian		Father / Guardian	
Name:		Name:	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	

Who has full custody of student:

Mother Father Both Parents Other: _____

Emergency Contact Information :			
Name:		Relationship	
Home #		Cell #	
Name:		Relationship	
Home #		Cell #	

Other than parents/guardians, who may remove student from school:

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Allergies: List ALL allergies to food, medications, etc.

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Medical Condition: List any special medical problems

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Medications: List ALL medications your child is currently taking, describe dosage

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Student's Health Insurance Information:

Carrier Name:	Group Number:	Policy Holder Name:
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Physician's Name & Phone #:	
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Date of last tetanus shot:	
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**THE SCHOOL BOARD OF PALM BEACH COUNTY
WILLIAM T. DWYER HIGH SCHOOL
PARENT AUTHORIZATION AND
MEDICAL RELEASE FOR SCHOOL ACTIVITIES**

I/We the undersigned, hereby grant _____ permission to
(student name)

participate in school sponsored activities and field trips as a member of **The William T. Dwyer High School Band** during the 2017-2018 school year. The William T. Dwyer High School and/or sponsoring faculty member/administrator will not be liable for accidents occurring during the 2017-2018 school year. Students should be properly insured. Parents are reminded that school Student Accident Insurance is available through school does not cover overnight field trips under any circumstances. Parents should have 24 hour or around the clock insurance coverage available through the schools or their own agent to insure proper coverage on overnight trips.

PERMISSION FOR MEDICAL TREATMENT

This document is correct to the best of my knowledge and the student described above has permission to engage in all activities unless otherwise noted. I hereby authorize necessary medical treatment in case any medical emergency arises and if I, the parent(s)/guardian(s), cannot be contacted. This includes the administration of any medications, as prescribed by the doctor in attendance for this student while on a William T. Dwyer High School approved field trip or activity. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Notary Public Signature

Commission Expiration Date