

KWHS Band Program Forms & Info 2021-2022

*****Please detach this page, follow the directions, and keep the backside calendar for your reference.*****

Dear Band Parent and Student,

We are off to a great start this year with nearly a month of band already completed. Please sign both sides of the two different forms “Handbook Form” (syllabus acknowledgement) and the “Pride and Commitment Contract”, “Drug/Alcohol Testing Consent”, and the “Permission to Travel” forms, return by Monday, August 23rd or upon entering the band program (+ the two Medical Forms & with insurance policy#). The Band Handbook (40+pages) for your review, Online Calendar (Google), Email Announcement Blog, Remind Txt service directions, Volunteer signup directions, Sponsor Forms, and Brick Forms are all located at www.KWHSBand.com Paper copies of all of these are available in the band room.

***If you did not also receive notice of these forms by email, please email Gary.Hernandez@KeysSchools.com along with your student’s name to be added to our email list. Info goes out via email and is also sent out via text message with a link to our email blog at: <https://kwhsband.wordpress.com>**

Effective and efficient communication is paramount to our success as an organization. The band program has many events and requirements that are unlike many other activities. It is crucial that we maintain clear lines of communication at all times.

Thank you,

Gary.Hernandez@KeysSchools.com

Director of Bands
Key West High School

Student Name _____

Keep this Page

Calendar 2021-2022



Every effort has been made to ensure the accuracy of these calendar dates and further efforts have been made to avoid any possible major conflicts. In the highly unlikely event that it should become necessary to amend this calendar, for any reason (hurricane etc.), you will be notified by email, Remind Text, band website, or by written letter sent home with students. At such time, please review any changes and plan accordingly for any conflicts and notify the band director immediately of any unalterable conflicts. Students will be given at least four weeks' notice to any new rehearsals or performances requiring their attendance.

Calendar: www.KWHSBand.com

Dates	Event	Ensembles (Required for Grade unless otherwise stated)
July 28-Aug 6	Band Camp	Marching Conchs (Not graded-see Alternate Status)
Aug. 12-Nov. 9	Begin <u>Weekly</u> afterschool Tuesday and Thursday rehearsals 2:45-4:30pm	Marching Conchs
Aug.20-Nov.*19	All Home Football Games as per the football Schedule. 5:45pm until the game is over: 8-20,9-17,9-24,10-22, &11-5 *possible playoff games on 11-12 & 11-19.	Marching Conchs Middle School Night TBD Senior Student/Parent Night TBD Homecoming Concession Fundraiser 11-5
Sept. 16	Bonfire 7:00pm post Open House	Marching Conchs
Oct. 2 & 3	Marching Competition @ Flanagan HS	Marching Conchs *Day Trip/Possible Overnight-pending funding*
TBD	Tag Days-multiple this year.	Fundraisers at local grocery stores. (Not graded but required for fair share of fundraising)
Oct. 9 & 10	Marching Competition @ Lehigh Senior HS	Marching Conchs *Day Trip/Possible Overnight-pending funding*
Oct. 23 & 24	Marching MPA @ Coral Springs HS	Marching Conchs *Day Trip/Possible Overnight-pending funding*
TBA	Band Group Yearbook Photos During Class	All Ensembles-Concert/Marching Uniforms Required(Not graded)
Oct. 31	Children's Day-Fundraiser & Performance	Jazz Band & Drum Line (graded). Whole band program fundraiser (Not graded).
Nov. 1	Homecoming Parade	Marching Conchs
Nov. 9	Fall Band Concert 7pm	All Classes. Rehearsal the same day-food provided.
Nov. 11	Veteran's Day Parade (afternoon-time TBD)	Marching Conchs
Dec. 4	City Holiday Parade (night-time TBD)	Marching Conchs-Parade
Nov. 30 & Dec 7	Winter Combined Concert Rehearsals Nov. 30 3:00-4:30 & Dec. 7 3:00-*5:00	Symphonic Band, Wind Ensemble, Colorguard, Jazz Band & Percussion. *End time TBD w/choir/specific ensemble.
Dec. 8 & 9	Winter Band <u>Concerts</u> 7pm (both dates)	All Classes/Ensembles. In combination with Choir.
Jan. 11-April 26	Begin Wind Ensemble 3:00-4:30pm Tuesday Rehearsals	Wind Ensemble & Percussion as Assigned.
January 28 & 29	FBA District Honor Band in Miami	Director recommendation. Overnight.
TBD	All County Band	By recommendation/audition. Most of Wind Ensemble & select 9 th grade students for the 7-9 grade band (Not graded).
Feb. 12	Colorguard MPA, & Jazz Band MPA	@KWHS (MPAs Required/Graded)
Feb. 12	Solo & Ensemble*	*S&E: Juniors & Seniors-Required for Honors Credit. Optional but highly encouraged for other grade levels.
Thurs. Jan. 20-March 3	Symphonic Band MPA rehearsals 3:00-4:30pm	Symphonic Band & Percussion as Assigned.
Feb. 17	Pre-MPA Concert 7pm	Symphonic Band, Wind Ensemble, & Percussion.
March 3	Run-through for Concert MPA 3:00-4:00pm	Symphonic Band, Wind Ensemble, & Percussion.
March 3	Concert MPA @ KWHS-Thursday evening	Symphonic Band, Wind Ensemble, & Percussion.
TBD	Spring Trip: Possibly Disney Park(s)	Optional trip and not included in fair share of fundraising amount. (Optional)
March 21, 22, or 23	State Solo & Ensemble (Overnight Trip-South Florida)	Superior at District Level on grade 5 or higher to qualify (Optional).
April TBA	Band Pictures-Individual Students	All Classes-during class time (no make-up date).
March 31-April 28	Symphonic Band Rehearsals 3:00-4:30pm	Symphonic Band & Percussion as Assigned. Thursdays
April 28	Final Band Concert 7pm	KWHS Auditorium. All Classes.
May 5	Band Banquet 5:30 seating, 6:00pm food	Fun night of celebration, memories, awards & food. (Optional)
May 18	Marching Band Ice Breaker 6:30-8:30pm	Marching Conchs & New Members. (Not graded)
May 26	Graduation Rehearsal – Ten. 6pm @ TRMS	Symphonic Band, Wind Ensemble, & Percussion.
May 27	Graduation Performance 6:30pm @TRMS	Symphonic Band, Wind Ensemble, & Percussion.
TBD	Jazz Band Performances "Gigs".	Added with advance notice throughout the year.

Key West High School Band Student & Parent Band Handbook Acknowledgement & Permission to Travel Form 2021-2022

This form must be completed and turned in by Tuesday, August 27th or upon entering the band program. A digital copy of this form will be available on our website www.KWHSBand.com & hard copies will be available upon request.

Band Handbook Acknowledgement (Parent & Student)

By signing this form we acknowledge that we have read and agree to abide by policies set forth by the Key West High School Band Program as stated in the 2021-2022 Key West High School Band Handbook. We will do our part to help the band achieve the goals set forth by the band program. We also understand that band is a full year commitment and agree to commit to the Key West High School Band Program for entire 2021-2022 school year. We will support the program by doing our fair share of fundraising throughout the year.

Picture and Video Permission (Parent & Student)

By signing this form, we give permission for digital pictures, audio, and video recordings of my child/self to be posted on the Key West High School Band Website/social media platforms and to be released to community publications.

Required Band Activities Permission & Permission to Travel (Parent)

We give our child permission to participate in and travel to all required band activities for the 2021-2022 school year according to the Key West High School Band Calendar (please detach and retain) and at: www.KWHSBand.com We also understand that outside of the school day performances and rehearsals are required academic events that count as a grade for the enrolled fine arts course. (Please also complete the standard permission to travel form attached).

Events Requiring Off Campus District Approved Transportation (Busses etc.)

By signing this document you are giving your child permission to travel for the required events listed below via MCSD approved transportation provided by the KWHS Band:

- October 2-3 Competition (Day trip/possible overnight trip to Ft. Lauderdale/Pembroke Pines)
- October 9-10 Marching Competition (Day trip/overnight trip to Ft. Myers)
- October 23-24 Marching MPA/Competition (Day trip/overnight trip to Pompano Beach)
- January 28 & 29 FBA District Honor Band (Miami overnight trip-select students)
- TBD Dates All County Band (Marathon day trips-select students)
- March 21, 22, or 23 State Solo & Ensemble (Ft. Lauderdale overnight trip-qualifying students only)
- April 19-30 TBD State FBA Concert MPA (Miami-possible overnight trip for Wind Ensemble only)

Events Requiring Off Campus Parent Transportation

I also agree to provide transportation for my child to and from the following required local events:

- *@ KWHS for 2021: All Football Home Games: 8-20, 9-17, 9-24, 10-22, 11-5 and possible playoffs possible on 11-12 & 11-19. ~~Drop off and pickup location is Poinciana Elementary School next to TRMS.~~
- All Local Parades: Homecoming-Nov. 1, Veterans Day Nov. 11, and the City Holiday-Dec. 4. Drop off and pickup locations TBD according to parade organizers.
- Graduation Rehearsal & Performance at TRMS May 26 & 27.
- Any currently unplanned band events located in Key West (i.e. Performing at Mallory Square for Sunset, Children's Day performance/fundraiser, addition tag days etc.). *Advanced notice will be given.*

Student's Name: _____

Last name, First name (Please print clearly)

Handbook - Permission Trvl



Form ID: 89045

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Key West High School Pride & Commitment Contract

Activity: KWHS Band 2021-2022

Students of the Monroe County School District (MCS D) have the opportunity and privilege to participate in extracurricular activities, organizations, and performance groups. This contract demonstrates each student’s acceptance of becoming a representative of the school by becoming a member of an activity, organization, or performing group. Expectations of participants are higher than those of nonparticipating students, and thus, this contract contains procedures, rules, and expectations that go beyond the Student Code of Conduct. Should a participant fail to abide by these expectations both on school property and in the community, consequences may be implemented that exceed those in the Student Code of Conduct, including removal from the activity, organization, or performance group. This is your commitment to excelling as a student in academics and leadership.

CONDUCT EXPECTATIONS

- I will dress appropriately, use proper language, display a positive attitude and adhere to the MCS D Student Code of Conduct.
- I will be respectful of others including sponsors, directors, school adults, all students and community members.
- I will set a personal example of excellent conduct and responsibility at all times, while actively participating and time outside of school.
- I will attend classes and follow the attendance rules of the MCS D.
- I will give my best and follow the rules and procedures for any and all organizations that I am a part of.

COMMUNITY ROLE EXPECTATIONS

- I understand that my actions in the community are a reflection of myself, my organization and my school.
- I will respect my community and will not physically or verbally harm an individual or another person’s property.
- I will follow the laws governing all citizens and residents of the United States, State of Florida and Monroe County.

PERSONAL HEALTH EXPECTATIONS

- I will refrain from the use of alcohol, all types of tobacco products and all illegal drugs; nor shall I be in possession of such substances at any time in or out of school.
- I will not use any performance enhancing drugs.
- I will abide by the MCS D Athletic and Performance Group Drug Testing Program, if applicable.

ACADEMIC EXPECTATIONS

- I will maintain the required unweighted cumulative 2.0 GPA as required by the State of Florida at the end of each semester. I will adhere to the higher requirements in the MCS D guidelines that state that I must have a 2.0 GPA at mid-term and nine weeks reporting periods in order to participate in field trips. Failure to do so will result in my inability to travel or participate in any activity requiring absences from any class until I am in compliance with the 2.0 GPA as determined by the Director, Sponsor, and/or Activities Director.
- I understand that I cannot miss school for a field trip or school related absence if I have two or more F’s in my current courses.
- I understand that if I am not in attendance for a minimum of 4 periods, I may not participate in any after school activity that day. Documented emergencies or exceptions may only be approved by the Principal and/or Activities Director. If traveling, I must be in attendance prior to the group departure time.

ACTIVITY/PERFORMANCE GROUP EXPECTATIONS

- I will provide proof of insurance or purchase insurance before participating in any field trip traveling outside of Monroe County.
- Hazing activities of any type are inconsistent with and disruptive to the educational process and prohibited at any time in school facilities, on or off school property. No student shall plan, encourage, or engage in any hazing. Hazing is defined as performing any act or coercing another, including the victim, to perform any act that causes or creates a substantial risk of causing mental or physical harm.
- I understand that any content that I make public via on-line social networks or digital platforms, such as Facebook, Twitter, Instagram, Snap Chat, and etc., is expected to follow acceptable social behaviors and also to comply with our Pride & Commitment Contract and the school code of conduct.

SCOPE OF CONSEQUENCES

- I acknowledge that a violation of any MCS D or Student Code of Conduct (SCC) requirements or this Pride & Commitment Contract will result in consequences as outlined in either document or determined by the Principal.
- If I receive consequences for inappropriate behavior resulting in Suspension, Saturday School or Detention, I will not be allowed to participate for one event if the consequence has not been completed within 2 weeks.
- If I receive Out-of-School Suspension, I will not be able to participate in any activities until I am allowed back in school. Further consequences may be imposed as determined by the Principal, Activities Director, Director, and/or Sponsor.
- Violation of the drug, alcohol or tobacco policy whether in or out of school will result in consequences outlined in MCS D policy and may result in removal from the activity, organization, or performing group depending on the level of violation.
- Participants that are arrested in or out of school, will be suspended from participation until the situation can be assessed by administration. Charges that are not dropped may be cause for continued suspension or termination from participation for the remainder of the year.

By signing this, I am indicating my willingness and commitment to my school, my organizations and my community. I am responsible for my behavior and following all expectations and will have pride in my personal conduct and effort. I understand that these are universal rules and that any and all organizations that I am in may have additional expectations. I will maintain a level of respect that brings pride to my sponsors, directors, organizations, school and myself. Parent signatures acknowledge the expectations for their child.

Name (printed): _____

Signature: _____

Date: _____

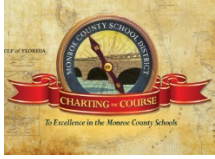
Student: _____

Pride - Commitment Contract



Form ID: 131646

Parent: _____



MONROE COUNTY SCHOOL DISTRICT CONSENT AND AUTHORIZATION FOR RANDOM DRUG TESTING

READ CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ANY PART, PLEASE CONSULT WITH THE PRINCIPAL, ATHLETIC DIRECTOR, OR TEAM COACH. I intend to become a member of the following interscholastic sport/activity regulated by the Florida High School Activities Association or the Monroe County School District.

- | | | |
|---|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dance Team | <input type="checkbox"/> Drill Team |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Lacrosse |
| <input checked="" type="checkbox"/> Marching Band | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Wrestling |

As a member of the team, I understand that I will be participating in organized team practices, individual practice sessions, and organized interscholastic sports competitions. I also understand that participation in these activities involves risk of injury to myself and to other participants. I am also aware that the use of illegal drugs, the abuse of legal drugs, and the use of alcohol can seriously jeopardize my safety and the safety of others and greatly increase the risk of injury.

I also understand that my performance as a participant of the team and the reputation of my school are dependent in part on my conduct as an individual and the example I set may influence other students at my school. With these considerations in mind, I hereby agree to accept and to abide by the standards, rules, and regulations established by the Florida High School Activities Association, the Monroe County School Board, and my school in relation to my participation.

I further consent to abide by the Student Athlete Drug Testing Policy, and agree to provide a urine specimen, as it may be requested outlined in that policy, to be tested for the presence of prohibited substances. I understand that if (1) I refuse to provide a valid urine specimen, (2) do not appear at the appointed time and place to provide a urine specimen, or (3) I tamper with, dilute, substitute, or alter the urine specimen I provide, I will be subject to administrative action authorized in the Student Athlete Drug Testing Policy. I further understand that a positive test result which indicates a violation of the Student Athlete Drug Testing Policy will result in consequences outlined in School Board Policy 2431.04.

I also understand that the costs for the drug testing of the urine sample(s) shall be at the expense of the school. This signed form shall be consent, in accordance with the Family Education Right to Privacy Act (FERPA) a section 228.093, Florida Statutes, for the release of the drug testing results to the school principal or the principal's designee, and for use of the results in the administration and enforcement of the Student Athlete Drug Testing Policy.

Consequences for positive drug test or use of drugs or alcohol.

Consequences include the following:

1st Positive Test/Use – The student is suspended from participation for 10 school days. During the period of the suspension, scheduled contest days that fall on non-school days (weekends, holidays, or breaks) shall count toward the 10 days. To maintain eligibility, the student is required to attend practice during the full ineligibility period and can resume participation in practice only after 5 school days. During the term of the suspension the student is not allowed to travel to away events/contests. Following the suspension, the student may not resume participating until providing documentation of successful completion (certificate of completion) of a minimum three (3) hour State-licensed and accredited drug/alcohol counseling or rehabilitation/education program. The student also must agree to submit to subsequent school-based drug tests.

2nd Positive Test/Use – The student is suspended from participation for 30 school days. During the period of the suspension, scheduled contest days that fall on non-school days (weekends, holidays, or breaks) shall count toward the 30 days. To maintain eligibility, the student is required to attend practice during the full ineligibility period and can resume participation in practice only after 20 school days. During the term of the suspension the student is not allowed to travel to away events/contests. Following the suspension, the student may not resume participating until providing documentation of successful completion (certificate of completion) of a minimum three (3) hour State-licensed and accredited drug/alcohol course including school-initiated counseling. The student also must agree to submit to subsequent school-based drug tests.

3rd Positive Test/Use – The student is suspended from participation in athletics and/or performance groups associated with athletics for the remainder of the school year.

Any results associated with the drug testing policy or use of drug/alcohol will be shared with the parents through a meeting with the parents, students and Athletic Director.

STUDENT PRINTED NAME	STUDENT SIGNATURE	DATE
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As the parent or guardian of the student named above, I, for myself and for the student, consent to the terms, requirements and conditions above.

PARENT/GUARDIAN PRINTED NAME	PARENT/GUARDIAN SIGNATURE	DATE
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MONROE COUNTY FIELD TRIP PERMISSION FORM

SCHOOL Key West High School

SCHOOL PHONE # 305-293-1549

Parents- For your child to participate in the field trip or activities described below, your permission is required.

STUDENT NAME _____

FIELD TRIP/ACTIVITY/DESTINATION All KWHS Band Program approved travel.

DATE OF TRIP/ACTIVITY 2021-2022 School Year

TIME OF DEPARTURE Per Itinerary **TIME OF RETURN** Per Itinerary

TRANSPORTATION BY: SCHOOL BUS X PRIVATE VEHICLE _____

RENTAL VEHICLE or X **CHARTER BUS** or X **DRIVEN BY:** District Approved Driver

I/we give permission for my/our child to travel to and participate in the activity and/or event described above.

Parent(s) or Guardian(s)

Date

Student Signature

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL Key West High School

SCHOOL PHONE # 305-293-1549

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s)

Date

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCSD-ADM002) must be executed.

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

Key West High School _____, 2021
SCHOOL DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient Father

Mother

Guardian(s)

Date

STATE OF FLORIDA)
COUNTY OF _____)SS

Sworn to and subscribed before me this _____ day of _____, in the year of the Lord _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are prohibited in regards to religious convictions please list below: