

P A R E N T, M E M B E R, A G R E E M E N T

Name \_\_\_\_\_

I/We, the parent(s) of the above-named, have read the Dance Team Constitution and understand all the requirements and consequences of improper actions. We understand the advisor has final say in my/our daughter's remaining on the team. We also realize this is a team effort and that we may be called upon to help in some ways throughout the year which are within capacity to help, and we will make every effort to do our share of assisting on behalf of our daughter.

Signed \_\_\_\_\_

Date \_\_\_\_\_

As a member of the Dance Team, I have fully read the Constitution and understand what is expected of me to remain a member in good standing. I will keep myself knowledgeable and informed of all rules, and realize the consequences of poor behavior or inappropriate actions may be severe. I will do all I can to uphold the honor and tradition of the Dance Team, and respect my team members, my school, and all persons associated with school spirit at all times.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Teacher Evaluation

Dance Team Candidate \_\_\_\_\_

Teacher \_\_\_\_\_

\* This is a confidential evaluation.

Please rate the student on a scale from 0-5 (5 being the highest) on the following elements:

1. Attendance/Punctuality	0	1	2	3	4	5
2. Respect of Authority	0	1	2	3	4	5
3. Respect of Peers	0	1	2	3	4	5
4. Effort/Quality of Work	0	1	2	3	4	5
5. Honesty and Integrity	0	1	2	3	4	5

Total Points = \_\_\_\_\_

Comments:

Teacher's Signature: \_\_\_\_\_

Date:

ALLERGIES: \_\_\_\_\_ INSTRUMENT/VE GROUP: \_\_\_\_\_

### Straughn Sound of Gold

#### STUDENT MEDICAL INFORMATION

Students's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: Mom \_\_\_\_\_ Cell: Mom \_\_\_\_\_

Work: Dad \_\_\_\_\_ Cell: Dad \_\_\_\_\_

Cell: Student \_\_\_\_\_

Parent email: \_\_\_\_\_ Student email: \_\_\_\_\_

Emergency contact (other than parents)

Contact 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Illness or Operations: \_\_\_\_\_

Unusual Health Conditions: Yes \_\_\_ No \_\_\_ If yes explain: \_\_\_\_\_

Regular Medication Taken (including inhaler): \_\_\_\_\_

Dr. Name: \_\_\_\_\_ phone: \_\_\_\_\_

### PERMISSION FOR MEDICAL TREATMENT

If emergency treatment is required and parents cannot be reached, what does the parent want the school to do?

1. Contact the closest medical facility? Yes \_\_\_ No \_\_\_
2. Contact a physician from local referral agency? Yes \_\_\_ No \_\_\_
3. Take child to nearest hospital? Yes \_\_\_ No \_\_\_
4. Other suggestions: \_\_\_\_\_

### INSURANCE INFORMATION

Policy Holder: \_\_\_\_\_ Ins. Company Name: \_\_\_\_\_

Policy Holder's Birthday: \_\_\_\_\_ SS# \_\_\_\_\_

Member Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Customer Service Number: \_\_\_\_\_

This form will also serve as the permission form for your child to travel with the band. I also understand that my child is required to participate in ALL band functions as part of their band grade

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_