

# IDA S. BAKER HIGH SCHOOL MARCHING BULLDOG BAND

## STUDENT INFORMATION - PLEASE PRINT LEGIBLY

First Name	Last Name	Email Address
Home Address		Year in school (Freshman, Sophomore, Junior, Senior)
City, State, Zip		T-Shirt Size (Adult sizes)
Home Phone	Cell Phone	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

## PARENT/GUARDIAN INFORMATION - PLEASE PRINT LEGIBLY

Guardian's First Name	Guardian's Last Name
Guardian's Home Phone	Guardian's Cell Phone
<input type="checkbox"/> Check if the address is the same as above	
Guardian's Mailing Address	
City, State, Zip	

## FAIR SHARE FEES

All Marching Band Fair Share Fee - Annual for all members. This fee covers a portion of the operating costs for the band. Including, equipment purchasing/maintenance, staff payments, dry-cleaning, extra food for students in need, band camp operation/supplies and much more.

\$200.00

Marching Band Marching Shoes (Due by August 16th, 2024, The student will be notified if needed)

\$35.00

Would you like to donate extra funds to sponsor a student with hardship?

Amount: \_\_\_\_\_

No student has ever been denied participation in the IBHS Music Department due to financial circumstances. If your child requires alternate payment arrangements or financial assistance, please contact Mr. Grubb through email at [juliang@leeschools.net](mailto:juliang@leeschools.net). All requests and arrangements will be confidential and should be made by August 16th, 2024.

## PAYMENT AND PARTICIPATION AGREEMENT

By signing this form you are agreeing to participate in the IBHS Marching Bulldogs. As a member of the marching band, it is your responsibility to attend all scheduled camps, rehearsals, parades, concerts, and performances. A complete schedule is available and will be provided to students. In addition to participation, you are agreeing to pay the fees associated with the ensemble. **Please make checks payable to: Bulldog Music Boosters, or Pay online [www.bulldogmusicboosters.square.site](http://www.bulldogmusicboosters.square.site)**

Parent/Guardian Signature	Date	Parent/Guardian Printed Name
Student Signature	Date	Student Signature

IDA S. BAKER HIGH SCHOOL MARCHING BULLDOG BAND  
**Consent and Acknowledgement of Risk 2024-2025**

**The following shall be acknowledged by the Parent/Guardian and Student where indicated and shall remain on file with the director for the 2024-2025 school year.**

Student's Name: \_\_\_\_\_

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**PARENT/GUARDIAN PORTION:**

Parent Initial

\_\_\_\_\_ I/We hereby grant permission for the above-named student to participate in all Ida S. Baker High School Band activities and trips during the 2024 school year, including the summers before and after the fiscal school year. These trips or activities include but are not limited to: band camp, band rehearsals, football games, marching band festival(s), symphonic band and wind ensemble performances and trips, parades, fundraising activities, all FBA Music Performance Assessment Festivals.

\_\_\_\_\_ I/We consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or property resulting from such participation.

\_\_\_\_\_ I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary. If there is a condition that may limit participation in any band activity, please describe on the medical information form.

\_\_\_\_\_ I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

\_\_\_\_\_ I/We understand that all necessary precautions will be taken by the teacher, school, and the School Board of Lee County for the welfare of my child, and I will not hold those parties responsible in case of injury to my child.

The Consent and Acknowledgement of Risk shall not be amended, supplemented or abrogated without the written consent of Ida Baker High School.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

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**STUDENT PORTION:**

I agree to abide by all of the rules, regulations, and responsibilities as established by the Ida S. Baker High School Band Program. Additionally, I agree to accept full responsibility for any and all Ida S. Baker High School Band instruments and equipment, and will reimburse the band program fully, for any damage or misuse due to my negligence.

By signing this form, I understand that if I do not meet the expectations of the Band program and Mr. Grubb, I may be removed from the Marching Band and related extracurricular activities.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Ida S Baker HS (school name), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Ida S Baker HS (school name) ITS AGENT AND EMPLOYEES IN A LAWSUIT FROM ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND Ida S Baker HS (school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.  
Section 744.301, Florida Statute

*I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.*

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

\_\_\_\_\_  
Date



The School District of Lee County  
Health Services  
Field Trip Medical Information

Student's Name:	Date of Birth:
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Insurance/Medical Plan and ID #:

Primary Doctor's Name and Phone Number:

Allergies:

Health Concerns:

Medication (prescription and over the counter):

Will your child need medication or a procedure during the field trip? Please circle one: YES NO

- **If yes, please contact your child's school nurse.** Parents/Guardians are responsible for obtaining and completing the required consent forms, including a physician's signature, at least 2 weeks prior to the field trip for the school nurse to train appropriate staff. All medication and procedures will be administered or performed by the field trip supervisor or staff member trained by the school nurse. The field trip supervisor or trained staff member will contact the parent/guardian directly, or emergency contact if necessary, for any questions or concerns that may arise before or after school hours, during the field trip. **It is the parent/guardian's responsibility to be available by phone during the field trip.**
- Medication must be in the original container. Prescription medication must have a current pharmacy label. Only the amount of medication required for the field trip should be provided. The school nurse will need to check the medication prior to the field trip along with the completed orders. Please DO NOT send medication with your child.
- **Students are not permitted to have medication in their possession at any time, unless a self-carry order is already on file.** If orders are received via fax, then the school nurse will contact the parent/guardian to arrange a time to check the medication.
- The field trip supervisor or staff member will activate emergency services if needed and contact the parent/guardian. Parent/guardian will be responsible for all associated costs.

By signing below, I have read and agree to the above requirements related to medication administration and procedures during a field trip.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (printed): \_\_\_\_\_

Parent/Guardian's Phone Number(s): \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Phone Number(s): \_\_\_\_\_

Revised 4.28.20



The School District of Lee County  
FIELD TRIP PARENT PERMISSION FORM

Student's Name:	School: <b>Ida S Baker Hs</b>
Date(s) of the Field Trip: <b>Listed on Game Schedule</b>	Teacher/Sponsor: <b>Mr. Grubb</b>
Destination of the Field Trip: <b>Listed on Game Schedule</b>	
Departure Time: <b>Itinerary Available the</b>	Return Time: <b>Week of the Event</b>
Purpose of the Field Trip: <b>Away Football Games + Competitions</b>	
<input checked="" type="checkbox"/> During this field trip students will be exposed to the sun. Parent's/ guardians should insure that sunscreen is applied before students leave home.	
Room assignments for overnight lodging are separated by biological sex at birth. In compliance with law, individual accommodations/modifications may be made on a case-by-case basis. (FLDOE 6A-10.085)	
The mode of transportation for this trip is: <b>Bus</b>	The anticipated number of chaperones for this trip is: <b>6-7</b>
<ul style="list-style-type: none"> <li>➤ <b>School Rules-</b> All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and drug free.</li> <li>➤ <b>Homework/Classwork-</b> Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making-up/completing the work.</li> <li>➤ <b>Appropriate Dress-</b> Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this field trip is: <b>Marching band spirit uniform</b></li> </ul>	
<b>Information Below Should be Completed by the Parent/Guardian.</b> Please sign and date the form and return to your child's teacher/sponsor by: <input style="width: 100px; height: 20px;" type="text"/>	
<b>Special Needs (check one):</b> <input type="checkbox"/> My child has a medical condition and/or medication of which the school will be aware, which I have explained by <b>completing and signing the other side of this form (see reverse).</b> <input type="checkbox"/> My child has <b>NO</b> special needs for this trip.	
<b>In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of the person to be called):</b> <input style="width: 500px; height: 20px;" type="text"/>	
<i>Whenever the Superintendent or Principal determines that there are dangerous conditions which may affect the health, safety, and welfare of those traveling on any field trip, the Superintendent or Principal may withdraw approval for the trip. Prior to departure on a field trip the teacher/supervisor will make himself/herself aware of and follow any travel advisories. The District will assume no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.</i>	
<i>As the parent or legal guardian of the student listed above, I give him/her permission to participate in this field trip, including related travel. I hereby grant permission for the supervising teacher to act "in loco parentis" (in place of the parent) in the event of any medical emergency and I accept full responsibility for all medical costs in the event of such as medical emergency.</i>	
<i>I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of the field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.</i>	
Parent/Guardian Signature: _____	Date: _____

## Ida S. Baker Football/Competition Schedule

Aug 13, 2024 - East Lee (Away)

Aug 23, 2024 - Bonita (Home)

Aug 30, 2024 - Cypress Lake (Away)

Sep 6, 2024 - Palmetto (Home)

Sep 13, 2024 - Estero (Away)

Sep 20, 2024 - Sarasota (Away)

Sep 27, 2024 - Mariner (Away)

Oct 4, 2024 - BYE WEEK

Oct 11, 2024 - Cape Coral (Home)

Oct 12, 2024 - Lehigh Tournament of Bands

Oct 18, 2024 - Oasis (Home)

Oct 25, 2024 - Charlotte (Away)

Nov 1, 2024 - Island Coast (Home)

Nov 2, 2024 - Marching Performance Assessment