

Mandatory Forms and Items:

- **Band Registration** online at <http://www.cougarmusic.org/join.html>

- **Mandatory Student Activity Insurance** (Online at www.pcsb.org/StudentAccidentInsurance)
 - Make sure you are purchasing for the 2023/2024 school year. This is not usually available until July.
 - Select at least the \$4 At School PK-12 Low Option. This is all we are required to have. If you want higher options, that is a family decision.
 - Print out proof of purchase to turn in with paperwork.
 - DIRECTIONS FOR ENROLLMENT:
 - Open New Account - Create an account with a User ID and Password. (You must create a new account each school year.) Remember your User ID and Password for future reference and to reprint ID cards if necessary.
 - Add Student & Coverage by clicking the "Add Student" button on the top of the page. Continue to add each student by clicking on the "Add Student" button until all your students are added.
 - Click on "Add Selected Items to Shopping Cart" then select "Checkout".
 - Select your payment type and click "Continue Checkout". Pay by credit card or e-check. If you do not have a credit card or checking account, contact the local office at 727-576-5995 for assistance.
 - Enter billing information and click "Continue Checkout".
 - Click "Pay and View Receipt" to complete your order. to print your ID card, click on Return to My Account at the bottom of the screen. You will also receive a confirmation email with the ID card.
 - Provide a copy of the ID card to the boosters as proof of enrollment.

- **Annual Marching Band Participation Form**

- **Marching Band Participation Physical Exam**
 - First 2 pages are filled out and signed by the parents and student
 - Second 2 pages are completed by a doctor
 - This form is the ONLY physical accepted, regular school physicals are not accepted by the county for Marching Band

- **Emergency Treatment Authorization Card**
 - Must be notarized

- **Consent and Release from Liability**
 - If student is under 18, fill out the for labeled "for minor"
 - If student is 18+, fill out the form "by student 18 years or older"
 - Must be notarized

- **Assumption of the Risk and Liability relating to Coronavirus/COVID-19**

- **Field Trip Activity Permission Form**
 - We need this in order for you to participate in away games and competitions

Voluntary Forms and Items:

- **Volunteer Registration Form**
 - While not required for your student to participate, we would appreciate every family helping out at least once.
 - Answer the front and back of this form. A photocopy of your state issued I.D. is required. Please sign the form on page 2.
 - Please be sure to have this to us at least 3 weeks prior to your first volunteering job with us.
 - If you are a level 2 volunteer, please provide a copy of your badge to us with this packet.
 - If you are already registered as a volunteer, you must reactivate your account with the school at the start of the year on the volunteer portal at <https://focus.pcsb.org/volunteer/>
 - When you volunteer with the band, be sure to log your hours on the volunteer portal.

- **Vehicle Registration Form**
 - Only fill this form out if you wish to volunteer to transport students to events in your private vehicle, if necessary.
 - You must be a level II volunteer to drive students

- **Uniform Order Form**
 - All new students will receive a practice shirt, theme shirt, polo shirt, gloves and marching shoes.
 - Returning students will receive a theme shirt.
 - [Use this form to order additional pieces only.](#)

Please use this checklist to make sure that all forms are filled out completely BEFORE the student participates in any event with our program. This is in place for safety. If you have any questions, please email Mr. Parrulli at parrulliv@pcsb.org

PAPERWORK MAY TURNED IN PRIOR TO THE NEXT PRACTICE

PINELLAS COUNTY SCHOOLS
ANNUAL MARCHING BAND PARTICIPATION

STUDENT FULL NAME: _____ TODAY'S DATE: _____

STUDENT DATE OF BIRTH: _____ STUDENT ID# _____ GRADE: _____

NOTICE TO PARENT/LEGAL GUARDIANS

The School Board of Pinellas County, Florida ("PCSB") offers a variety of marching band activities to registered students at secondary schools and encourages interested students to participate in sanctioned band events. By signing this agreement, the parent/legal guardian understands and agrees that there are inherent risks associated with the named child participating in band activities: including but not limited to scheduled practices, performances, competitions, and regional and state championships, and hereby gives permission for his/ her child to participate in marching band activities as a student.

NOTICE OF RESPONSIBILITY OF MARCHING BAND STUDENT AND PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the student who will be participating in marching band activities held by PCSB band programs, the parent/legal guardian understands and agrees to the following rules and responsibilities:

Qualifications to Participate

- a) An annual Physical Exam of the marching band student is required, and the results shall be provided to the school's Band Director or designee. Physicals must be performed by a medical provider licensed in the State of Florida with no family relation to the student. The school shall prevent student from participating if all required paperwork is not received 48 hours prior to deadline/try-outs. The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner.
- b) Attendance to all practices and performances, including timely arrival and preparation, is a commitment by the parent/legal guardian and student to his/her team, school, and the band. Student and parent/legal guardian agree to follow school directives regarding the child's participation in the marching band activities.
- c) Arrival and departure from band activities is the responsibility of the parent/legal guardian, unless specific PCSB designated transportation is provided. Parent/Legal Guardian waives, releases and holds harmless PCSB, its employees and volunteers from any liability arising from PCSB releasing the band student from the band activity for individual return to home, whether his/her method and means is by foot, bicycle, motor vehicle or other various means by him/ herself, friend, relative, or other persons at the student's discretion.
- d) Student's eligibility to participate in band activities shall be determined by the school administration, in accordance with PCSB Student Code of Conduct, including but not limited to, the student maintaining satisfactory grades, appropriate behavior, and compliance with band rules.
- e) Report immediately to PCSB Band Director any and all injuries, changes in medical conditions, and/or medical treatments that occurred as a result of student participating in band activity or that may affect their ability to continue to participate in the band activity. Upon request, student will seek medical treatment and provide PCSB with medical provider records on eligibility to participate in band activity. Participation in any band activity may be withheld by PCSB at any time deemed appropriate and the student shall not be allowed to resume activity without satisfactory medical provider note or records.
- f) If any document, or signature on such document has been falsified, misrepresented, or intentionally excluded, student shall be immediately suspended from band and declared as ineligible status. Ineligible status and band suspension shall be effective for one calendar year from the date of disclosure.

Parent Signature

**PINELLAS COUNTY SCHOOLS
PCSB Marching Band Preparticipation
Physical Evaluation**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require pages 1 and 2 of this form to be re-submitted.

Part 1. Student Information (to be completed by a parent)

Student Name: _____ Sex: _____ Age: _____ Date of Birth: _____ / _____ / _____
 School: _____ Grade in School: _____
 Home Address: _____ Home Phone (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone (____) _____

Part 2. Medical History (to be completed by the student or parent). Explain "Yes" answers below. Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or physical?			26. Have you ever become ill from exercising in the heat?		
2. Do you have an ongoing chronic illness?			27. Do you cough, wheeze or have trouble breathing during or after activity?		
3. Have you ever been hospitalized overnight?			28. Do you have asthma?		
4. Have you ever had surgery?			29. Do you have seasonal allergies that require medical treatment?		
5. Are you currently taking any prescription or non-prescription (over-the-counter medications or pills or using an inhaler)?			30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?		
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			31. Have you had any problems with your eyes or vision?		
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?			32. Do you wear glasses, contacts or protective eye wear?		
8. Have you ever had a rash or hives develop during or after exercise?			33. Have you ever had a sprain, strain or swelling after injury?		
9. Have you ever passed out during or after exercise?			34. Have you broken or fractured any bones or dislocated any joints?		
10. Have you ever been dizzy during or after exercise?			35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
11. Have you ever had chest pain during or after exercise?			If yes, check appropriate blank and explain below: Head _____ Elbow _____ Hip _____ Neck _____ Forearm _____ Thigh _____ Back _____ Wrist _____ Knee _____ Chest _____ Hand _____ Shin/Calf _____ Finger _____ Ankle _____ Foot _____ Upper Arm/Shoulder _____		
12. Do you get tired more quickly than your friends do during exercise?					
13. Have you ever had racing of your heart or skipped heartbeats?					
14. Have you had high blood pressure or high cholesterol?					
15. Have you ever been told you have a heart murmur?					

16. Has any family member or relative died of heart problems or sudden death before age 50?			36. Do you want to weigh more than you do now?		
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?			37. Do you lose weight regularly to meet weight requirements for your sport?		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?			38. Do you feel stressed out?		
19. Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, blisters or pressure sores)?			39. Have you ever been diagnosed with sickle cell anemia?		
20. Have you ever had a head injury or concussion?			40. Have you ever been diagnosed with having the sickle cell trait?		
21. Have you ever been knocked out, become unconscious or lost your memory?			41. Record the dates of your most recent immunizations (shots) for: Tetanus: _____ Measles: _____ Hepatitis B: _____ Chickenpox: _____		
22. Have you ever had a seizure?			FEMALES ONLY (optional)		
23. Do you have frequent or severe headaches?			When was your first menstrual period? _____ Most recent? _____ How much time do you usually have from the start of one period to the start of another? _____		
24. Have you ever had numbness or tingling in your arms, hands legs or feet?			How many periods have you had in the last year? _____		
25. Have you ever had a stinger, burner or pinched nerve?			What was the longest time between periods in the last year? _____		

Explain "YES" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), Echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____

Signature of Parent/Guardian: _____ Date: ____/____/____

**PINELLAS COUNTY SCHOOLS
PCSB Marching Band Participation
Physical Evaluation**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require pages 1 and 2 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Students Name: _____ Date of Birth: ____/____/____
 Height: ____ Weight: ____ Body Fat (optional): ____ Pulse: ____ Blood Pressure: ____/____ (____/____/____)
 Temperature: ____ Hearing: Right: P ____ F ____ Left: P ____ F ____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes ____ No ____ Pupils: Equal ____ Unequal ____

Findings	Normal	Abnormal Findings	Initials
Medical			
1. Appearance			
2. Eyes/Ears/Nose/Throat			
3. Lymph Nodes			
4. Heart			
5. Pulse s			
6. Lungs			
7. Abdomen			
8. Genitalia (males only)			
9. Skin			
Musculoskeletal			
10. Neck			
11. Back			
12. Shoulder/Arm			
13. Elbow/Forearm			
14. Wrist/Hand			
15. Hip/Thigh			
16. Knee			
17. Leg/Ankle			
18. Foot			
*station-based examination only			

Assessment of Examining Physician/Physician Assistant/Nurse Practitioner

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to: _____ for: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____ Date: ____/____/____

PINELLAS COUNTY SCHOOLS
PCSB Marching Band Preparticipation
Physical Evaluation

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of school during the validity period of this form will require pages 1 and 2 of this form to be re-submitted.

Student's Name: _____

Assessment of Physician to Whom Referred (if applicable)

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

_____ Cleared without limitation

_____ Disability: _____ Diagnosis: _____

_____ Precautions: _____

_____ Not cleared for: _____ Reason: _____

_____ Cleared After completing evaluation/rehabilitation for: _____

_____ Referred to: _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____ / ____ / ____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____ Date: ____ / ____ / ____

**PINELLAS COUNTY SCHOOLS
PCSB Marching Band
EMERGENCY TREATMENT AUTHORIZATION CARD – English**

Legal Name: _____ School: _____ Grade: _____

Date of Birth: ____/____/____ Date of last tetanus shot: ____/____/____

My child is allergic to the following medications: _____

My child has the following allergies: _____

Please identify any serious injuries or illnesses your child has had: _____

Alternate family member/friend to contact in case of emergency:

Name: _____ Telephone Number(s): _____

Primary Care Doctor Name: _____ Telephone Number: _____

You understand that the insurance offered by Pinellas County Public Schools is a secondary policy and will pay only after your personal insurance pays.

Please write "none" if you have no personal insurance on this athlete. _____

Primary Insurance Company: _____ Policy Number: _____

Insurance Company Address: _____

I certify that I am the parent or legal guardian of the student named below. I request that in my absence this student may be admitted to any hospital or medical facility for diagnosis and treatment and give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by the hospital and/or doctor and agree to hold the School Board and its employees and agents harmless in the administration of such assistance. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment or operative procedures as may be necessary for the minor named below. I have not been given a guarantee as to the results of examination or treatment. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms. Section 92.525, Fl. Stat.: "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

_____ Signature of Parent/Legal Guardian	_____ Print Name of Parent/Legal Guardian	____/____/____ Date
Telephone (H) _____	Telephone (W) _____	Other _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____, _____ personally know to me or _____ produced identification _____ (type of identification).

(Seal)

Notary Public – Signature

PINELLAS COUNTY SCHOOLS
CONSENT AND RELEASE FROM LIABILITY FOR MINOR CHILD

This completed form must be kept on file by the school. The form is valid for 365 calendar days from the date of the most recent signature.

I am the parent or legal guardian of the minor child designated below (hereinafter "Child" or "Student"). I know of and acknowledge that there are risks involved in participating in the marching band and related activities and understand that serious injury is possible in such participation. I have explained the risks of participation in the marching band to the Student. I choose to accept any and all responsibility for the Student's safety and welfare while participating in the marching band. With full understanding of the risks involved, I release and hold harmless my child's school, the schools against which it competes, the School Board of Pinellas County and each of their agents and representatives including the contest officials, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against them because of any accident or mishap involving the Student's participation. I authorize emergency medical treatment for the Student should the need arise for such treatment while the Student is under the supervision of the school. I further hereby authorize the use or disclosure of the Student's individually identifiable health information should treatment for illness or injury become necessary.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CHILD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS 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 THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR 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 THE SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. YOU UNDERSTAND THAT THE AUTHORIZATIONS AND RIGHTS GRANTED HEREIN ARE VOLUNTARY AND THAT YOU MAY REVOKE THEM AT ANY TIME BY SUBMITTING A REVOCATION IN WRITING TO THE BAND DIRECTOR OR SCHOOL PRINCIPAL. BY DOING SO, YOU UNDERSTAND THAT YOUR MINOR CHILD WILL NO LONGER BE ELIGIBLE FOR PARTICIPATION IN MARCHING BAND.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

_____/_____/_____
Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by
_____, _____ personally, know to me or ____ produced identification
_____ (type of identification).

(Seal)

Notary Public – Signature

PINELLAS COUNTY SCHOOLS
CONSENT AND RELEASE FROM LIABILITY
(BY STUDENT 18 YEARS OR OLDER)

This completed form must be kept on file by the school. The form is valid for 365 calendar days from the date of the most recent signature.

I am a student and have attained the age of 18 (hereinafter "Student"). I know of and acknowledge that there are risks involved in participating in the marching band and related activities and understand that serious injury is possible in such participation. I choose to accept any and all responsibility for my safety and welfare while participating in the marching band. With full understanding of the risks involved, I release and hold harmless my school, the schools against which it competes, the School Board of Pinellas County and each of their agents and representatives including the contest officials, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against them because of any accident or mishap involving my participation. I authorize emergency medical treatment should the need arise for such treatment while under the supervision of the school. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU 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 RIGHT TO RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, 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 THE SCHOOL HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IN MARCHING BAND IF YOU DO NOT SIGN THIS FORM. YOU UNDERSTAND THAT THE AUTHORIZATIONS AND RIGHTS GRANTED HEREIN ARE VOLUNTARY AND THAT YOU MAY REVOKE THEM AT ANY TIME BY SUBMITTING A REVOCATION IN WRITING TO THE BAND DIRECTOR OR SCHOOL PRINCIPAL. BY DOING SO, YOU UNDERSTAND THAT YOU WILL NO LONGER BE ELIGIBLE FOR PARTICIPATION IN MARCHING BAND.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature

Date _____

ACKNOWLEDGEMENT BY PARENT/GUARDIAN

I UNDERTAND THAT MY CHILD IS PARTICIPATING IN MARCHING BAND WHICH IS A POTENTIALLY DANGEROUS ACTIVITY. I ARE AGREE THAT EVEN IF THE SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT MY 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, I AM GIVING UP ANY RIGHT THAT I MAY HAVE TO

RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature

Date _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by
_____, _____ personally, know to me or _____ produced identification
_____ (type of identification).

(Seal)

Notary Public – Signature

PINELLAS COUNTY SCHOOLS
ASSUMPTION OF THE RISK AND LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

PCSB will conduct certain activities will occur beyond the school day. These activities, including scheduled practices, performances, competitions, and Music Performance Assessments, will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the activity will be required to adhere to all safety protocols and are subject to immediate removal from the activity if they do not comply. These activities are a privilege, and not a right, of public school students.

PCSB has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending activities where close contact may be inevitable will increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the activity until he/she has been without a fever for at least 72 hours.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the activity until 14 days have elapsed since the time of contact and only then if my child(ren) are exhibiting no symptoms of COVID-19.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 because of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), PCSB staff, volunteers, or agents, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of myself and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Pinellas County, Florida, and its employees and agents harmless from any and all claims (including negligence), suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the activity.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with my child/ward; understand and agree to be bound by the terms on behalf of myself and my child/ward.

Parent Signature

Date

Parent Name (printed)

School Name

PINELLAS COUNTY SCHOOLS
VOLUNTEER REGISTRATION FORM

Please **PRINT** legibly and complete the entire form, front and back.

Please **ATTACH A COPY OF YOUR LEGAL/GOVERNMENT ISSUED PHOTO ID** will be kept on file.

LEGAL NAME as it appears on your photo ID	_____																																		
	FIRST NAME				MIDDLE NAME				LAST NAME				MAIDEN NAME																						
DATE OF BIRTH				GENDER				SOCIAL SECURITY NUMBER																											
		-			-			__ Male __ Female				-				-																			
MONTH		MONTH		DAY		DAY		YEAR		YEAR																									
RACE - CHECK ALL THAT APPLY																																			
__ White								__ Black or African American								__ American Indian or Alaska Native																			
__ Asian								__ Hispanic/Latino								__ Native Hawaiian or Other Pacific Islander																			
LEGAL PHOTO ID REQUIRED																																			
Driver's License (State) _____												DL/ID Number _____																							
Identification Card (State) _____												DL/ID Expiration _____																							
__ Military ID												__ Passport (Do not print Military ID/Passport)												__ Foreign ID (Country) & # _____											

Home Address: _____
STREET
APT#
CITY
STATE
ZIP

Previous Address (if less than 5 years) _____
STREET
APT#
CITY
STATE
ZIP

Home phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ **parent account ID:** _____

Employment or Organization represented: _____

Are you a current or former employee in Pinellas County Schools? __ No __ Yes Occupation: _____

School at which you want to volunteer: _____

Are you currently a student in a Pinellas County School? __ No __ Yes Where? _____

Emergency Contact: _____ Phone: _____

Days & Times Available to Volunteer: _____

Do you have a child/children attending this School? __ No __ Yes					
CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE
CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE

Check which school level(s) and volunteer position(s) you're interested in:		
<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle	<input type="checkbox"/> High
<input type="checkbox"/> Mentor	<input type="checkbox"/> Tutor What subj: _____	<input type="checkbox"/> Coach/Assistant Coach What sport: _____
<input type="checkbox"/> Take Stock In Children	<input type="checkbox"/> Classroom	<input type="checkbox"/> Speaker
<input type="checkbox"/> 5000 Role Models	<input type="checkbox"/> Clerical/Office	<input type="checkbox"/> Media Center
<input type="checkbox"/> Girlfriends	<input type="checkbox"/> PTA/SAC	<input type="checkbox"/> Field Trip/Overnight Field Trip - __ Driver __ Chaperone
<input type="checkbox"/> Peer to Peer	<input type="checkbox"/> Boosters List Club: _____	<input type="checkbox"/> Other _____

Complete Back of Form

Pursuant to School Board Policy 9180, volunteers who have unsupervised contact with students must be Level II screened.
 All non-school board employees who are scheduled to attend overnight fieldtrips as chaperones/drivers must be Level II screened.

YOU MUST COMPLETE AND SIGN THIS REGISTRATION FORM BEFORE WE CAN PROCESS IT.

Have you ever had any altercation with any Law Enforcement Agency, pled nolo contendere or no contest to a charge, had an adjudication withheld, entered a **Pre-Trial Intervention** or **Diversion** program, had any offenses dropped or dismissed, been arrested or served time in jail, been convicted of a felony or misdemeanor, received a criminal traffic citation (including a DUI, driving with a suspended license and careless or reckless driving), or any criminal charge against you in the past (no matter how long ago) or have any charges now pending other than minor traffic violations. Also include any sealed or expunged convictions and any convictions or confirmations of child abuse or neglect.

___ No ___ Yes

If **NO**, and after a background check, we find offenses, you will not be eligible to volunteer.

If **YES**, please list: all offense(s) and the disposition of the case(s) [example: ruled guilty, paid fine, pled no contest, accepted adjudication, PTI/PTD, etc.], date(s) of offense(s), and the location (state and county) where offense(s) occurred.

List ALL Offenses	Disposition	Date of Offense(s)	Location (State & County)

Pinellas County Schools reserves the right to refuse volunteer assignments to any individual whether or not he or she has been convicted of any offense. In completing this public document, please understand Pinellas County School's sincere concern for the safety of its students, staff and visitors.

By signing below, I agree to the rules and regulations of the volunteer program and that any product produced while a volunteer shall be the property of the School Board (a work for hire). I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity. I also understand volunteers are not employees or personnel of the school board. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. **FALSIFICATION OR OMISSION OF THIS OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE, CAN BE PROSECUTED, AND WILL CONSTITUTE GROUNDS FOR VOLUNTEER DISQUALIFICATION.**

I agree to maintain the **CONFIDENTIALITY** of student's information.

X _____

VOLUNTEER SIGNATURE DATE

The Pinellas County School Board is a public agency and subject to the Florida Public Records Act. All records, with certain limited exceptions, are subject to public viewing.

VOLUNTEER ELIGIBILITY Policy

The District Office will review all offenses to determine the outcome of your volunteer status and reserve the right to determine your eligibility status.

- **MAY NOT VOLUNTEER IF CONVICTED OF** any felony sexual related crimes, (including lewd and lascivious crimes) and felony child abuse.
- **MAY NOT VOLUNTEER IF CONVICTION WAS WITHIN THE LAST TEN (10) YEARS** for other felony crimes and any misdemeanor crimes of a sexual nature, (including indecent exposure) and misdemeanor crimes related to children.
- **MAY NOT VOLUNTEER IF CONVICTION WAS WITHIN THE LAST FIVE (5) YEARS** for felony theft/economic crimes, misdemeanor crimes of violence (including violation of injunction of protection against domestic violence), misdemeanor drug crimes, and misdemeanor crimes involving weapons.
- **LIMITED VOLUNTEER:** May volunteer, but **MAY NOT HANDLE MONEY** if crimes involving worthless checks/petty/retail theft committed within the last five (5) years. May volunteer, but **MAY NOT DRIVE** students for DUI conviction within the past five (5) years. **MAY NOT DRIVE** students for two DUI convictions within the last ten (10) years. **MAY NEVER DRIVE** students if volunteer has three or more DUI convictions.
- **CASE BY CASE REVIEW:** Other misdemeanors – Multiple convictions – Pending charges – Other Restrictions

APPEAL PROCESS FOR INELIGIBLE VOLUNTEERS – POLICY 9180

Applicants appealing their ineligible status must provide an appeal letter that includes the circumstances surrounding any/or all criminal offense(s) for which the exemption is sought. The appeal letter and all supporting materials, e.g. police report, and letters of recommendations, are to be sent to the Office of Strategic Partnerships District Volunteer Coordinator. For all questions please call 727-588-5050.

NOTE OF THE COLLECTION AND USE OF SOCIAL SECURITY NUMBER PREPARED PURSUANT TO SECTION 119.07(15)(a), F.S. (2007)

Notice is hereby given that Pinellas County Schools collects social security numbers from individuals for the following purposes, which are either specifically, authorized by law or are imperative for the performance of the district's duties and responsibilities as prescribed by law: Employment eligibility, Criminal Background Screening, Certification/Contributions Tracking of students as required by State Board Rule, Tracking and reporting of Corporate Tax Credit Scholarship students as required by State Board rule, Student identification numbers State directory of new hires, Annual report of wages and individuals, Record of remuneration paid to employees and Unemployment benefits.

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES VEHICLE INFORMATION

Date: _____ School: _____ Class: _____ Destination: _____
(eg: PE, science, etc.,)

Safety Guidelines

- Passenger vehicles capable of seating 10 or more students are prohibited by Florida Statute 1006.22(1)(b)(1)
- **SUVs with a wheelbase of 110" or less are required by Federal Statute 49CFR 575.105 to display a rollover warning label and are prohibited from transporting students. Check the manufacturer or other reliable website for vehicle specifications.**
- Students in all seating positions are required to wear seatbelts or be in a proper child restraint system at all times.
- Children 3 and under must be restrained in a separate carrier or a vehicle manufacturer's integrated child seat.
- Children 4 & 5 must be restrained in a separate carrier, a booster seat or a vehicle manufacturer's integrated child seat. (See exceptions).
- Infant car seats should be in a rear-facing position in the back seat.
- All children under 12 should sit in the back seat.
- When children outgrow standard car seats, at around 40 lbs., they should be restrained in booster seats until they are big enough to fit in an adult seatbelt, at about 80 lbs. and 4'9" tall.

Exceptions: Children 4 & 5 may be restrained with a seatbelt: a) When the child is being transported gratuitously by an operator who is not a member of the child's immediate family; b) In a medical emergency situation involving the child; or c) When the child has a medical condition that necessitates an exception as evidenced by appropriate documentation from a health care professional.

Chaperones/Drivers are not permitted to make unauthorized stops, consume alcohol or smoke while on a field trip.

Vehicle Driver Information

Parent/Guardian Teacher or Staff Member Volunteer Other _____

- I agree to abide by all School Board policies and field trip safety guidelines. I understand and agree that I must be level 2 screened and display during the field trip, a current PCSB Employee or Volunteer badge, or a Florida Public Schools Contractor badge.

Printed Name of Driver _____ Address: Street _____ Apt./Unit _____

Cell Phone Number (required) _____

Driver Signature _____ City _____ State: _____ Zip Code _____

Driver's License # _____ Expiration Date _____

Vehicle Information

Vehicle Make _____ Vehicle Model _____ Vehicle Year _____

Vehicle Registration Number _____ Expiration Date _____

Current vehicle registration must be in the vehicle during the field trip.

Vehicle Insurance Information

Any private vehicle used to transport students for school-related field trips or activities must carry at least the minimum auto liability insurance and safety measures as required by Florida Statutes 324.021, 627.733, 1006.22:

Minimum Required Auto Liability Insurance:

Property Damage Liability (PDL) – \$10,000

Personal Injury Protection (PIP) – \$10,000

Insurance Company _____ Policy Number _____ Expiration Date _____

Current vehicle insurance card must be in the vehicle during the field trip.

Vehicle Owner Information

- I certify that I am the registered owner of the vehicle described on this form, and I authorize the driver whose name appears on this form to use this vehicle to transport him/her and students to the above listed destination.
- I certify that my vehicle is current in its maintenance according to manufacturer guidelines, that the vehicle is in safe working order and that all safety related features of the vehicle are operable.
- I certify that the information provided is correct and I agree to keep the insurance policy in effect while the vehicle is being used to transport students.

Vehicle Owner Printed Name _____

Vehicle Owner Signature _____

Date Signed by Owner _____

Vehicle/Driver/Insurance information acquired by _____

School Representative

Date

Attach Copy of Driver's License and Insurance Card



Golden Cougar Band Boosters, Inc.

Supporting the Countryside High School "Golden Cougar Band of Pride"

P.O. Box 14923 - Clearwater, FL 33766-4923

<http://www.cougarmusic.org>

Marching Band Uniform Order Form – 2023

All new students will receive a Practice Shirt, Polo Shirt, Marching Shoes and Gloves.

This order form is for additional items, and for Parent/Booster items

Student Name: _____ Grade: _____ Instrument: _____

Parent Name: _____ Phone (____) - _____ - _____

	Size	Price	Quantity		Total
Marching Practice Shirt (STUDENTS) Worn by all band members for: Practices Friday football games (under uniform) Saturday competitions (under uniform) 2x +\$1.00; 3x +\$2.00; 4x +\$4.00; 5x +\$6.00	Small	\$10			
	Medium	\$10			
	Large	\$10			
	XL	\$10			
	2X-5X				
Polo Shirts (STUDENTS and BOOSTERS) Worn by all band members for: Parades School assembly Other special events 2x +\$1.00; 3x +\$2.00; 4x +\$4.00; 5x +\$6.00			Men's Fit Qty	Ladies Fit Qty	
	Small	\$35			
	Medium	\$35			
	Large	\$35			
	XL	\$35			
	2X-5X				
Marching Shoes (STUDENTS)		\$30			
Black Gloves (STUDENTS) Worn by all members except percussion		\$4			
Booster T-shirts Worn at football games, competitions, parades, fundraisers, etc. Can be worn by all family members. Extra Cost 2x +\$1.00; 3x +\$2.00; 4x +\$4.00; 5x +\$6.00	Small	\$12			
	Medium	\$12			
	Large	\$12			
	XL	\$12			
	2X-5X				

Make checks payable to GCBB. Items will not be given to student unless payment has been made.