

WEST JAZZ BAND HANDBOOK AGREEMENT FORM

This agreement form is to be signed by the student and a parent and returned to Mr. Hartman by Friday, August 31st. Please also fill out the emergency medical form on the back of this paper for situations where the jazz band may/will be traveling this school year.

I have read, understand, and agree to comply with the jazz handbook. I also understand that my student, _____, needs to obtain the required concert dress clothing described in the handbook.

(Student name)

(Student signature)

(Parent signature)

Parent email address(es): _____

****Please turn over to fill out emergency medical form****

As you know, the amazing opportunities which Lakota jazz students enjoy would not be possible without outstanding parental support. Please read the list of volunteer possibilities below and let us know how you would like to contribute to the success of our jazz students. Please feel free to check one or more items. Thank you for your continued support of Lakota jazz students!

___ I am interested in helping with administrative activities during the day.

___ I am interested in helping with the Jazz Swing Dance

___ I am interested in helping with the Jazz 'N Cakes Pancake Breakfast.

___ I am interested in chaperoning if/when the band should travel.

___ I am interested in helping the jazz band financially (equipment, guest artists, etc.)

___ Other (please describe) _____

(Please print your name)

(Primary contact number)