



LHS Band Commitment Form

Please read carefully and provide parent and student initials to confirm all that apply:

____ Our student is enrolled at Lely High School for the 2024 – 2025 school year, they have selected Band/Dance/Ins Techniques as one of their electives.

____ We acknowledge that the student is committed to this activity for the entire 2024-2025 academic school year

____ We acknowledge that we have received all the major performance dates for the 2024-2025 band season. We clearly understand that our student is required to attend all of band camp, and all rehearsals which are listed on the band calendar found at Lely.Band.

____ The student has permission to participate in all band activities for the 2024-2025 school year.

____ We understand that parents are encouraged to participate and volunteers are needed.

____ We are turning in this commitment form with our band fee of \$275 made payable to LHS Band Boosters, Inc. We understand that this payment is only partially refundable once payments are made. We also understand that there will be no refunds on band fees after Friday, August 2, 2024.

____ We acknowledge that we understand the policies and procedures outlined in the LHS Band Handbook found on Lely.Band.

Parent Signature:

Student Signature:

CCPS Volunteer Application Process

CCPS has updated their volunteer application and screening process. All parents who wish to volunteer with the student during this upcoming school year (2024-2025) will have to submit a new volunteer application. To begin the process of becoming a volunteer, please visit: www.collierschools.com/volunteer.

After the form has been submitted, please visit the Lely High School front office with your Driver's License to complete the process.



Exhibit A

Student Travel Authorization

**COLLIER COUNTY PUBLIC SCHOOLS
Lely High School Trojan Marching Band 2024-2025**

I, the undersigned parent or legal guardian of _____
Name of Student

grant permission for my child or ward to travel to **ALL 2024-2025 LHS Band & Auxiliary Activities** sponsored by Lely High School.

I understand the students are scheduled to depart and return to and from the school on the dates and times listed on the 2024-2025 LHS Band Calendar found on the LHS Band Website.

I understand, acknowledge and agree that:

The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

Date
Guardian

Signature of Parent or Legal

Please print name on this line

Emergency Contact Number



Collier County Public Schools

PHOTO-VIDEO-MEDIA RELEASE FORM

COLLIER COUNTY PUBLIC SCHOOLS

2024 – 2025 SCHOOL YEAR Lely High School Trojan Marching Band

Date: _____

Student:

(Please Print Name)

Parent/Guardian:

(Please Print Name)

I hereby consent to having my child interviewed, photographed, recorded on audiotape or videotaped by the school district, school or commercial, print or television media for the reporting of programs taking place at Lely High School with full knowledge that the end product may appear in print publications, on television, in a video, or on the internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child, the student named above, may be depicted and/or identified by one or more of the media.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, Lely High School and their agents, servants, or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by my child or others.

Signature of Student

Signature of Parent/Guardian

Relationship

Concussion Guidelines & Information

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions are most often caused by a sudden direct blow or bump to the head.

The brain is made of soft tissue, cushioned by spinal fluid, and encased by the skull. An impact to the head can jolt your brain causing a concussion. Traumatic brain injuries, such as a concussion, can cause bruising, damage to the blood vessels, and injury to the nerves. If you have suffered a concussion, possible indicators are (but not limited to): vision disturbance, loss of equilibrium, or you may fall unconscious. NOTE: more than 90% of all concussions occur without loss of consciousness.

Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death.

If your student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child/ward should be immediately removed from strenuous activity, evaluated by a medical professional, and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the student has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades

- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

*** This form does not replace the FHSA forms for Athletic clearance. A band student wishing to compete in high school athletics must comply with any required medical documentation as per the Activities office and CCPS policy ***

What can happen if my child/ward continues to participate with a concussion or

returns too soon?

Students with signs and symptoms of concussion must be removed from activity (play or practice) immediately. Continuing to participate with the signs and symptoms of a concussion leaves them vulnerable to sustaining another concussion. Students who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called “Second Impact Syndrome” where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What do I do if I suspect my child/ward has suffered a concussion?

Any student suspected of suffering a concussion must be removed from the activity immediately. No student may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physician assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the student should continue for several hours. You should also seek medical care and inform your child/ward’s responsible teacher if you think that your child/ward may have a concussion. Remember, it’s better to miss one day than to have their life changed forever. When in doubt, sit them out.

When can my child/ward return to play or practice?

Following physician evaluation, the return to activity process requires the student to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Responsibility

I understand that my child accepts responsibility for reporting all injuries and illnesses to their parents/guardians, doctor, staff, or teachers associated with their activity including any signs and symptoms of concussion. My child/ward and I have read and understood the above information on concussion. My child/ward will inform the supervising teacher, staff, or parent immediately if they experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for my child/ward.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Heat-Related Illness Guidelines & Information

Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's way of cooling itself, but when a person's body temperature rises rapidly, sweating is not enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids (water). Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

Symptoms of heat-related illness may include:

- Fainting (Unconsciousness)
- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness or cramps
- Nausea and vomiting
- Rapid heartbeat, which may be either strong or weak
- Rapid, shallow breathing
- Behavioral changes such as confusion, disorientation, or staggering • Seizures

*** This form does not replace the FHSAA forms for Athletic clearance. A band student wishing to compete in high school athletics must comply with any required medical documentation as per the Activities office and CCPS policy ***

Statement of Student Responsibility

I understand that my child accepts responsibility for reporting all injuries and illnesses to their parents/guardians, doctor, staff, or teachers associated with their activity including any signs and

symptoms of HEAT-RELATED ILLNESS. My child and I have read and understood the above information on heat-related illnesses. My child/ward will inform the supervising teacher, staff, or parent immediately if they experience any of these symptoms or witness another student with these symptoms. Furthermore, I have been advised of the dangers of participation for my child.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Consent and Release from Liability Certificate Part 1.

Student Acknowledgement and Release

I have read the FSMA Rules and Regulations pertaining to eligibility (available at www.flmusiced.org under FSMA Rules and Regulations) and know of no reason why I am not eligible to participate in music performance assessments, or extracurricular or co-curricular music activities (e.g., marching band, color guard, drum line, etc.). I agree to follow the rules of my school district policies viewable at www.collierschools.com. I know of the risks involved in participation, understand that injury, including the potential for a concussion or heat-related illness, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in these activities, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools at which I perform, the school district, the adjudicators of the sanctioned event of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against CCPS because of any accident or mishap involving my participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to CCPS the right to review all records relevant to my eligibility including, but not limited to, my records relating to enrollment and attendance, age, discipline, finances, residence, and physical fitness. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school.

Part 2. Parental/Guardian Consent, Acknowledgement and Release

I understand that participation may necessitate an early dismissal from classes. I know of, and acknowledge that my child/ward knows of, the risks involved in participation, understand that injury is possible in such participation and choose to accept any and all responsibility for their safety and welfare while participating in these activities. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools at which they perform, the school district, the adjudicators and FSMA of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against the FSMA because of any accident or mishap involving the participation of my child/ward.

I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to CCPS, upon its request, of all records relevant to their athletic eligibility including, but not limited to, their records relating to enrollment and attendance, age, discipline, finances, residence and physical fitness.

*** This form does not replace the FHSA forms for Athletic clearance. A band student wishing to compete in high school athletics must comply with any required medical documentation as per the Activities office and CCPS policy ***

The released parties, however, are under no obligation to exercise said rights herein. I am aware of the potential danger of concussions, head and neck injuries, and/or heat related illness.

I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child/ward's participation in FSMA sanctioned events, such action shall be filed in Leon County, Florida.

I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my child/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date