

10500 Rio Wrangler Parkway
Reno, Nevada 89521
www.drhsband.org



(775) 851-5656

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Handbook Form

I have read the 2018-2019 Damonte Ranch Band Handbook and agree to accept the stated guidelines as a condition of my membership of the Damonte Ranch High School Band Program.

Student Signature

Date

I have read the 2018-2019 Damonte Ranch Band Handbook and agree to accept the stated guidelines as a condition of my son or daughter's membership of the Damonte Ranch High School Band.

Parent Signature

Date

Damonte Ranch Band Calendar

I understand that all performances and rehearsals are mandatory and have added all dates provided to my family calendar to avoid conflict. I understand that in the event of a conflict, I must fill out the Excused Absence Form and turn it into Ms. Blahnik at least two months before a performance and one week before a rehearsal. I also understand that I must communicate with Ms. Blahnik any other activities that may conflict with band ahead of time so that a compromise can be made. Lastly, I understand that I must submit these days to my place of employment to avoid the conflict of work.

Student Signature

Date

Parent Signature

Date



Student Code of Conduct

I do hereby agree to the following:

- To respect the rights and safety of others.
- To be courteous and respectful to other students and to those responsible for our activity.
- The use of drugs, alcohol, and tobacco are expressly prohibited at any school function.
- To display the appropriate mode of behavior and attire which is representative of a member of the Damonte Ranch High School Band.
- No weapons, explosives, fireworks, etc. are allowed at anytime, anywhere.
- To avoid using inappropriate language at any time.
- To remain on my assigned bus and in my assigned room. I will not change rooms or busses without permission from Ms. Blahnik.
- I-Pods, MP3 players and electronic devices are permissible on trips but I must have headphones. My right to listen to music will not interfere with other peoples' right to quiet.
- The Damonte Ranch *Student Handbook* with all of its policies and procedures is still the guiding handbook of conduct.
- To abide by all of the conditions and obligations stated in this Handbook.
- To maintain my uniform, instrument, and equipment and keep it in a clean, neat, and presentable fashion.
- The Damonte Ranch Band comes first and foremost. Individual honors are secondary.

I have read the above code of conduct and agree to abide by all the conditions as outlined.

Student Signature _____ **Date** _____

I have read the above code of conduct and understand that my son or daughter must abide by these rules.

Parent Signature _____ **Date** _____

*A referral will be issued in the event that the above code is not followed.
Multiple violations may result in your removal from the program.*

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Parental Consent for Travel

As the parent or legal guardian of _____, I give my consent and approval for him/her to travel with the Damonte Ranch High School Band for the 2018-2019 school year. It is understood that all rules and regulations of the school and of the organization must be adhered to.

Parent/Guardian Signature _____ Date _____

Student's Birth-date _____ Home or Cell phone _____

Authorization to Treat a Minor

I (we) the undersigned parent(s) or legal guardian(s) of the undersigned student do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the Nevada Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Student Name _____

May we administer Tylenol if requested by the student? YES ☐ NO ☐

List any restrictions _____

Parent/Guardian Signature _____ Date _____

Media Release

Performances and rehearsals are often publicized in the form of the media. When this happens, there is a possibility your child may be photographed, videotaped, interviewed and identified and published publicly. Please indicate below whether you give consent to the use of any photographs/video taken of your child by Washoe County School District, Damonte Ranch, Damonte Ranch Band, Damonte Ranch Band Boosters, or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Douglas County School District or Douglas High School Music Department in newspapers, newsletters, school websites, social media sites (i.e. Facebook, Twitter or YouTube), other publication, television, radio and other communications and advertising media.

☐ Yes, I allow my child to be identified in media publications.

☐ No, I do not permit my child to be identified in media publications.

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Student Information

Student's Full Name _____ **Date of Birth:** _____

Male ☐ Female ☐ Class Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Instrument: _____

T-Shirt Size: ☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

Class: ☐ Concert Band ☐ Wind Ensemble ☐ Percussion Tech ☐ Jazz Band ☐ Guard

Permanent Address

Mailing Address

Home Phone _____

Student's Cell _____

Student's email _____

Father's full name _____ **Father's email** _____

Father's employer _____

Father's work phone _____ Father's Cell _____

Mother's full name _____ **Mother's email** _____

Mother's employer _____

Mother's work phone _____ Mother's Cell _____

Insurance Company _____

Group Number _____ Policy Number _____

List **ANY** special health problems in the past: _____

List **ANY** medications taken currently (include insulin, anti-convulsive, antihistamine, and tranquilizers)

Please state reason(s) for medication(s): _____

Family Physician: _____ **Physician's phone:** _____

Date of last Tetanus injection: _____

List all allergies to drugs or food: _____

Emergency contact: _____ **Phone:** _____

Relation to student: _____

Student ID#: _____