



2023-2024

# Colonial Forge Sound & Guard

## Parent and Student Guide

Robert Gillette

Director of Bands

[gilletterj@staffordschools.net](mailto:gilletterj@staffordschools.net)

[www.forgepride.com](http://www.forgepride.com)



## Parent and Student Agreement

I have read and understand the expectations of the Colonial Forge Music Boosters as noted in the PARENT and STUDENT GUIDE TO PARTICIPATION IN THE COLONIAL FORGE SOUND & GUARD.

Furthermore, I realize a \$100 deposit is due by Friday, May 19, 2023, and this money is nonrefundable due to the nature of creating a marching band field show.

I understand the remainder of the registration fee is due by Friday, July 14, 2023, along with these forms:

- ✓ SCPS Athletics and Activities Code of Conduct Student Statement of Understanding
- ✓ SCPS Athletics and Activities Code of Conduct Parent/Guardian Statement of Understanding
- ✓ SCPS Heat and Hydration Statement of Understanding Form
- ✓ SCPS Marching Band Concussion/Brain Injury History
- ✓ CFMB Movie Viewing Permission Slip and Hydration Form
- ✓ CFMB Student Allergies Form
- ✓ VHSL Physical Form MUST BE SIGNED BY A PHYSICIAN!
- ✓ SCPS Health Services Permission and Medical Form MUST BE SIGNED BY A PHYSICIAN!

**We are not allowed to give ANY medication (including over the counter – Tylenol, Ibuprofen, antacid, etc. unless the medication and dosage is listed on the form and signed by a physician. PLEASE TAKE THIS FORM TO YOUR PHYSICAL APPOINTMENT!**

- ✓ CFMB Individual Fundraising Account

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Instrument

\_\_\_\_\_  
T-Shirt Size

\_\_\_\_\_  
Student Email Address

Do you need Marching Shoes?

\_\_\_YES \_\_\_NO \_\_\_SIZE

(Newbies = YES)

\_\_\_\_\_  
Parent Name (Please print)

\_\_\_\_\_  
Family Email Address (Please print clearly)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please return this form with \$100 deposit (Payable to CFMB) by May 19 to Colonial Forge High School c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford, VA 22554**

4/17/2023

# Communications

There are three main forms of communications for the Sound & Guard:

1. [www.forgepride.com](http://www.forgepride.com)
  - a. Calendar – Connect to it with Google Calendar
  - b. Forms
  - c. Schedules
  - d. Store
  - e. Other important items
2. Remind.com
  - a. Main Sound & Guard list Mr. Gillette manages. All students and parents should be registered on this list. More info to follow.
  - b. Student sections - Sometimes students create their own lists for their sections.
3. Email
  - a. During the marching season, the President may email everyone, once a week, with important information. These are kept short to emphasize the importance of the messaging.
  - b. Register on home page at [www.forgepride.com](http://www.forgepride.com).
  - c. Once the season is over, the frequency of the messaging will decrease.

## IMPORTANT DATES

**May 9, 10, 11 – 2023 Color Guard Clinic 5:00 – 7:00 pm**

**May 13, 2023 – Reading Day Marching Band “Step Off” – 8:00 am – 12:00 pm**

**May 19, 2023 - \$100 Deposit/Paperwork Due**

**May 22-23, 2023 – 2023 Sound & Guard Percussion Clinic**

**July 14, 2023 – Balance of Registration Fees Due**

**Band Camp dates:**

**Percussion/Color Guard – July 10-14 (9am-5 pm)**

**Newbies – July 12-13 (9am-5pm)**

**All - July 14 (9am -5pm)**

**All - July 17-21 (8am – 9pm)**

**TBD – Newbie Parent Night (New Family Night)**

# Parent and Student Guide

## Participation in the Sound & Guard

**It is all about the student.** Welcome to the Forge Band Family! We are glad you made the decision to involve yourself and your student(s) in this rewarding program. Every detail and dollar spent by the Colonial Forge Music Booster organization is to benefit the students' overall experience, development, and enjoyment. Activities are designed to be beneficial and fun.

**NEWBIE Parent Night (New Family Night).** During Newbie camp, we host an evening just for our new parents. This is an opportunity to meet and inform you, in a small group environment, how things work in your student's new adventure. At first, it does seem overwhelming; however, this event will break the organization down, piece by piece. We will help guide you and, hopefully, make you more at ease with the realization that your little one is growing up and will gain an incredible amount of independence, experience, and confidence as a member of this large organization.

## Registration Fee

**There are two levels this year.**

New members/incoming 9<sup>th</sup> grade: Have never marched before at CFHS.

10<sup>th</sup> – 12<sup>th</sup> Grade returning members: Members that marched at CFHS before and received their flip folder, green under-uniform t-shirt, and green polo shirt. See below for pricing.

**New Members/9<sup>th</sup> Grade - \$360.** You will be issued a CFMB polo shirt, green under uniform t-shirt, one pair of band gloves or guard gloves, and a flip folder.

\*\* \$100 nonrefundable deposit due May 19, 2023, to secure your student's spot in the field show. Balance is due July 14, 2023. Make check payable to **Colonial Forge Music Boosters or CFMB**, and mail payment to Colonial Forge High School, c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford, VA 22554.

If paying with a credit card, please email the Treasurer at [treasurer@forgepride.com](mailto:treasurer@forgepride.com). They will send you a link to pay. **If you have a financial hardship, you must communicate this to Mr. Gillette by May 19, 2023, at [gilletterj@staffordschools.net](mailto:gilletterj@staffordschools.net) for special arrangements to be considered.**

Returning students may use available funds from their IFA account. Please email the Treasurer at [treasurer@forgepride.com](mailto:treasurer@forgepride.com) to transfer funds. Families new to the IFA, please review the form at the back of this packet for available fundraising opportunities and how to contribute to this account.

**Returning Members 10<sup>th</sup> – 12<sup>th</sup> Grade - \$315.** Returning members **must** have the following: CFMB polo shirt; green under uniform t-shirt; a lyre for your flip folder, and flip folder in their possession or purchase a replacement. (Lyre and flip folder are for wind players only).

**\*\* \$100 nonrefundable deposit due May 19, 2023, to secure your student's spot in the field show. Balance is due July 14, 2023. Make check payable to **Colonial Forge Music Boosters or CFMB** and mail payment to Colonial Forge High School, c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford, VA 22554 or deposit in BLUE BOX in Band room.** If paying with a credit card, please email the Treasurer at [treasurer@forgepride.com](mailto:treasurer@forgepride.com). They will send you a link to pay. **If you have a financial hardship, you must communicate this to Mr. Gillette by May 19, 2023, for special arrangements to be considered.**

Returning students may use available funds from their IFA account. Please email the Treasurer at [treasurer@forgepride.com](mailto:treasurer@forgepride.com) to transfer funds. Families new to the IFA, please review the form at the back of this packet for available fundraising opportunities and how to contribute to this account.

### **What are these fees for?**

Student and staff snacks and some meals during fall marching band season competition days, out of district away football games when no concessions are available to the students (funding availability for any other sound and guard events to include Winter Guard and Winter Drumline is on an as available basis; students should bring their own meals to these events), dry cleaning and maintenance of the uniforms, first aid supplies, prop items for the field show, rental trucks for transportation to every away game and competition, music and field show professional design, staff stipends, maintenance of Booster-owned equipment (Gator, trailer, carts), and organization operational expenses, awards and entrance fees for competitions. (Average cost to fund one student in Marching Band for the season is roughly \$1200.) Additional costs, over and above registration fees, are made up through fundraising. (TAG Day, Concessions, Gift Wrap, Mattress Sale, etc.).

**Additional Fees (as applicable):** Instruments must be rented from the school, according to Stafford County Rental Guidelines. (Check made out to **CFHS**).

Guard shoes and Marching shoes **ARE NOT COVERED** in the fees. Those will be an additional charge. They will be ordered all at once to significantly reduce the shipping charge. Once these costs are figured, the cost will be shared. Usually, it is around \$50 for the shoes.

**Rental Fee for wind/percussion instruments (as applicable): \$50 for the season.**

This is for all school-owned instruments and all percussionists and includes maintenance of these instruments as specified on the rental agreement. (Make check payable to **Colonial Forge High School or CFHS** and mail payment to Robert Gillette, CFHS Band, 550 Courthouse Road, Stafford, VA 22554, or put in blue box).

This can be paid on the online student payment portal found in the parent quick links on the [cfhs.org](http://cfhs.org) webpage. This is payable after July 1, 2023. **\*\*Please note, this check is made to CFHS – NOT CFMB.**

**Guard Rental Fee: \$40** for the season and includes maintenance and usage of all guard equipment used throughout the season. This can be included in the final payment due on July 14, 2023. (Make check payable to **Colonial Forge Music Boosters or CFMB** and mail payment to Colonial Forge High School, c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford VA 22554).

### **Why a Nonrefundable Deposit?**

\$100 of the registration fee is due by May 19, 2023, and is a nonrefundable deposit to secure your student's spot in the field show. **The remainder of the fee is due July 14, 2023.** The reason the deposit is nonrefundable is because that money is spent immediately upon determined, the information is conveyed to the professional show designer. His or her job is to provide a spot for each participant moving around the field in sync with the music. When students opt out for any reason after the show has been designed, we must return to the designer and pay an expensive fee to rework the show so as not to have a gap in the program. It is not so simple as to have the remaining students rework their spacing. Because of this expense, we will hold the deposit if for any reason your student is unable to continue. The rest of the registration fee can be returned if there is some reason that a student must terminate his/her relationship with the band before the start of band camp.

### **Communications**

**Remind.com.** This year, all parents will be required to sign up for "remind.com" to receive information pertaining to the band from the Director. For text messages: simply open your web browser on your phone and go to the following link: <http://rmd.at/cfma> and you will be prompted to download the mobile app. You will then receive a text message from Mr. Gillette whenever critical information is needed to convey to the group, INCLUDING ARRIVAL TIMES from events.

**Fundraising.** There will be numerous fundraising opportunities the year. Funds raised are to offset overall costs of the band program and decreases the participation fee for all participants. This is roughly equal to one-fourth of the overall budget needed for the season.

### **Volunteers move the band!**

It takes many hands to get this show on the road! There are many ways you can help. No matter what constraints you have, we have a way for you to get involved. Please review the needs of our various committees and find a way to help. We need every family to be active on our volunteer roster, in some way, this year.

Much of our income is derived from Concession Stands at Varsity and JV Football games. We need volunteers cooking, preparing, and selling. Please assist as many nights as you can. Remember, all money earned offsets our families' personal out-of-pocket expenses for band.

**Volunteer Opportunities Are Abundant!** Please take a moment to review each committee to see what works best for your skills and schedule and SIGN UP.

- **Board Member.** Serve as President, 1<sup>st</sup> Vice President, 2<sup>nd</sup> Vice President, Treasurer, Co-Treasurer, Secretary for a period of one year (July to June).
- **Uniforms.** Fitting and alterations during band camp.
- **Concessions.** Help at JV and Varsity Football Games.
- **Pit Crew.** Preparing props and moving equipment at each game and competition.
- **Tag Day.** Students reach out to the community through a door-to-door campaign.

Volunteers are needed to drive and monitor students in small groups. All students are required to participate. This is scheduled on a Saturday in early September (TBD).

- **Game Day Halftime Band Hospitality.** Help feed the kids by taking game day orders and delivering them to the kids at halftime. Only home games. Away games, when possible.
- **Gift Wrap Booth.** (Late Nov – Dec 24th). Wrapping gifts at Spotsy Mall during the holiday season.
- **Hospitality.** Helping to feed kids at competitions; paid out of band budget.
- **Chaperones.** Keep an eye on the kids, ride buses to away games, competitions, etc.

***>>All chaperones and volunteers that will be driving a student, other than their own, or riding any bus for an official band activity MAY be required by SCPS to be fingerprinted for a background check. There is no cost associated for this.***

**THE BLUE BOX (mounted on the wall next to the Director's office).** For Marching Band and Music Booster use only. Most\* money (made out to Colonial Forge Music Boosters or CFMB) and forms are to be placed in the blue box. Please clearly label all envelopes with student's name and what it is for. Please avoid depositing cash, if possible.

**\*Instrument rental form and fees are paid to CFHS and given directly to Mr. Gillette.**

Material pertaining to school business should be given to Mr. Gillette. He does not have access to the BLUE BOX.

## **Spring Trip**

Each year, if the schedule allows and we have enough volunteers to plan it, the band program coordinates a trip to a great destination to participate in a music event and enjoy local attractions. This trip can be as high as \$500. There are many opportunities to help offset overall costs, thus decreasing the individual's cost to participate. Gift wrapping, White House Ornaments, and other sales can earn money directly for your student's trip. We will introduce other ways, so please stay informed. Beginning this year, trip commitment forms and the \$100 nonrefundable deposit will be due **in the Fall** to secure your student's attendance on this trip. Any funds raised through gift wrapping will be applied to the later date when the remaining balance is due.

*\*If your student is participating in Marching Band as a hardship, they will not be permitted on the trip unless the hardship debt is paid in full, in addition to the cost of the trip.*

Parent chaperone opportunities are available. However, the Director has sole discretion as to who is selected. One rule of thumb: Parents who have spent time around the students and are familiar with them is desirable. Chaperones pay the same as students. The trip is not a family vacation, only chaperones with direct assignments to students are part of the official delegation. Parents that decide to travel independently of the group will not be coordinated with the group hotel, ticket purchasing or dining plans. If you are selected as a chaperone and it is decided you may be traveling separately from the delegation, your travel plans must be approved by the Director and must encompass time “on the ground” for the entire duration the students are on location.

**501(c)3 Organization.** CFMB is a 501(c)3 charitable organization. If your employer participates in a corporate giving program, please inquire with the President as to how we can work together to make the connection.

**Paperwork.** The following pages need to be signed and returned by May 19, 2023. We **MUST HAVE ALL OF THE PAPERWORK** before participating in the band program. (We understand that getting a physical may require a wait to get an appointment. Please have either the physical or at least a pending appointment by the beginning of July.)

**NO EXCEPTIONS!**





# CF Bands 2023-2024 Calendar

**Tentative**

## MAY 2023

TU	9	CF	5:00 – 7:00 pm	2023 Color Guard Clinic
W	10	CF	5:00 – 7:00 pm	2023 Color Guard Clinic
TH	11	CF	5:00 – 7:00 pm	2023 Color Guard Clinic
SA	13	CF	8:00 am – 12:00 pm	Sound & Guard Reading Day
M	22	CF	5:00 – 7:00 pm	2023 Sound & Guard Percussion Clinic
TU	23	CF	5:00 – 7:00 pm	2023 Sound & Guard Percussion Clinic

## JULY 2023

M-F	10-14	CF	9:00 AM – 5:00 PM	Percussion / Guard Camp
W-TH	12-13	CF	9:00 AM – 5:00 PM	Newbies/Staff
F	14	CF	9:00 AM – 5:00 PM	Band Camp Starts Everybody!
M-F	17-21	CF	8:00 am – 9:00 pm	BAND CAMP 2023
M	24	CF	6:00 pm – 9:00 pm	S & G Rehearsals
W	26	CF	6:00 pm – 9:00 pm	S & G Rehearsals
TH	27	CF	6:00 pm – 9:00 pm	S & G Rehearsals
M	31	CF	6:00 pm – 9:00 pm	S & G Rehearsals

## AUGUST 2023

W	02	CF	6:00 pm – 9:00 pm	S & G Rehearsals
TH	03	CF	6:00 pm – 9:00 pm	S & G Rehearsals
M	07	CF	SCHOOL STARTS THIS WEEK!	

\*Rehearsal will normally be on Monday and Thursday from 5:30 - 8:30 pm until mid/late September when it will switch to 5:00 - 8:00 pm. If there are days off/concerts/SRO Auditions/ etc. Rehearsal that week may be a different day. The schedule will be released as soon as all of the dates are set. Typically, Marching Band rehearsals will be done at the end of October. Fridays & Saturdays in September and October will be busy. There will be some of those days off, but between football games and competition, there will not be many.

**A full calendar will be forthcoming soon!**



## **Stafford County Public Schools**

# **Athletics and Activities Code of Conduct**

### **Marching Band Signature Packet**

The following Stafford County Public Schools' documents are attached:

- Athletics and Activities Code of Conduct Student Statement of Understanding
- Athletics and Activities Code of Conduct Parent/Guardian Statement of Understanding
- Marching Band Heat and Hydration Statement of Understanding
- Marching Band Concussion/Brain Injury History
- Marching Band Medical and Emergency Contact Information

All of the documents listed above must be signed and returned to the Band Director.

The Athletics and Activities Code of Conduct provides detailed information concerning the expectations of our coaches, sponsors, band directors, student-athletes, students, and parents/guardians. This document will be reviewed during the Parent/Athlete Information Nights, Band Parent Information Nights and kick-off meetings with students involved in club activities by middle school athletic directors, high school Assistant Principals of Athletics and Activities, Coordinator of Fine and Performing Arts, sponsors, head coaches, band directors.

This document can be found on [www.forgepride.com/forms](http://www.forgepride.com/forms) page. Please take the time to review the entire document, specifically the pages listed on the Code of Conduct Statement of Understanding page requiring your signature.

If a hard copy of this document is preferred, copies are available at every middle and high school or in the main lobby of the Stafford County Public Schools Alvin York Bandy Administrative Complex located at 31 Stafford Avenue, Stafford, VA 22554.

Any questions can be directed to the high school Band Director or the high school Assistant Principal of Athletics and Activities.



# STAFFORD COUNTY PUBLIC SCHOOLS

## ATHLETICS AND ACTIVITIES STATEMENT OF UNDERSTANDING

### STUDENT

Students should review the following, **initialing** each statement and signing at the bottom.

\_\_\_\_ I have received and reviewed the Athletics and Activities Code of Conduct and the Stafford County Public Schools Code of Conduct (Policy 240 I) and agree to meet expectations outlined within.

\_\_\_\_ I accept that I have a responsibility to represent my school and community in a positive manner and will conduct myself with honesty, integrity, and respect for others at all times.

\_\_\_\_ I understand that I must be in attendance at school in order to practice, compete, or participate in athletics or extracurricular activities and will provide written notice, signed by my parent/guardian, when I need to miss practice, meeting, or any event.

\_\_\_\_ I agree to follow all expectations outlined in the Athletics and Activities Code of Conduct as well as the Stafford County Public Schools' Student Code of Conduct.

\_\_\_\_ I will not engage in and will not be tolerant of violent acts, including assaults on persons or property, abusive language, harassment, hazing, stalking, sexual violence, or any other conduct prohibited by law. If I witness such acts perpetrated by others, I will report them to my coach, sponsor, or administrator.

\_\_\_\_ I will not engage in any act, including via social media, that subjects another person, voluntarily or involuntarily, to abuse, mistreatment, humiliation, harassment, or intimidation. If I witness such acts perpetrated by others, I will report them to my coach, sponsor, or administrator.

\_\_\_\_ I will not consume or use alcoholic beverages, energy drinks, dietary supplements, anabolic steroids, tobacco, or illegal drugs.

\_\_\_\_ I will follow all locker room rules and meet locker room behavioral expectations at all times.

\_\_\_\_ If I observe a fellow student in distress of any kind, I will notify a coach or activity sponsor immediately.

\_\_\_\_ I understand that failure to conduct myself responsibly, as stated and implied in the Athletics and Activities Code of Conduct, Stafford County Public Schools' Student Code of Conduct, and in the above statements, may result in sanctions, ranging from limited participation up to and including suspension or dismissal from the team, and suspension or expulsion from Stafford County Public Schools.

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Student Name – Print

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name – Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please sign and return with other required documents



## STAFFORD COUNTY PUBLIC SCHOOLS

### ATHLETICS AND ACTIVITIES STATEMENT OF UNDERSTANDING

#### PARENT/GUARDIAN

After reading and reviewing the sections pertaining to your child's level of participation in extracurricular activities offered by Stafford County Public Schools, please indicate your understanding by **initialing** the statements below.

In effect during all extracurricular activities are the Stafford County Public Schools' Student Code of Conduct

(Policy 2403), Extra/Co-Curricular Participation (Policy 3502), and Related Notices, rules, expectations, and requirements.

\_\_\_\_ I received a copy of the Stafford County Public Schools' Athletics and Activities Code of Conduct.

\_\_\_\_ I read and agree to the sections pertaining to my level of participation, including guidelines and expectations, in Stafford County athletics and activities.

\_\_\_\_ I will follow all protocols associated with my participation in SCPS athletics and activities.

\_\_\_\_ I acknowledge that Stafford County Public Schools has informed me that supplemental accident insurance is available from a third party carrier to cover my child.

\_\_\_\_ I understand my child must submit completed Student Statement of Understanding and Parent Statement of Understanding forms at least one day prior to the first contest in order to participate.

\_\_\_\_ I realize that by not following proper behavior requirements while attending an athletic/activity event, I may be removed from that activity and possibly the remainder of the events associated with that sport or activity.

\_\_\_\_ I agree to be a positive supporter of my child's participation in athletics/activities. I agree to allow coaches to coach and sponsors to lead.

If I have a question or concern, I will communicate in the following sequence: coach or sponsor, assistant principal for athletics and activities or middle school athletic director, building principal, and lastly central office contacts listed in this document.

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

Please sign and return with other required documents

Stafford County Public Schools

## Marching Band Heat and Hydration Statement of Understanding

Dear Student & Parent/Guardian,

Welcome to another marching band season! As the staff prepares for Band Camp, you and your student should prepare as well with the following important information.

Marching Band is a demanding workout and we all must come prepared. Many band students appear for rehearsal unprepared to cope with the stress that heat and marching place on their bodies. For this reason, it is imperative that marchers spend time getting acclimated to the heat and humidity prior to the beginning of band camp.

For our part, the staff will be vigilant in monitoring students for the signs and symptoms of heat illness and providing opportunities to rest. We will incorporate regular fluid breaks to promote proper hydration and will encourage students to speak up if they are feeling bad. Here's what you can do to help keep your child safe during their marching band experience in Stafford County Public Schools.

**HYDRATION** – Please be sure to stress the following information to your student and monitor your child's drinking habits at home. Good preparation for band camp begins BEFORE camp! Increase your fluid intake the week prior to camp and pay close attention to hydration during camp. Remember that water, Powerade, and Gatorade are the drinks of choice. In general, each student should be drinking 20-60 ounces of fluid each night after camp to replenish fluids lost throughout the day. All caffeinated beverages are bad for marchers! Caffeine is a diuretic, causing rapid fluid loss and in turn leading to dehydration. ENERGY DRINKS are particularly bad!!! No marcher should be consuming these due to high amounts of caffeine and sugar. For more information, visit [www.gssiweb.com](http://www.gssiweb.com).

**NUTRITION** – Please provide your son/daughter with well-balanced meals. The best advice is to follow the My Plate Guidelines. You can find more information at the following website: [www.choosemyplate.gov](http://www.choosemyplate.gov). As young men and women, students need the proper fuel to run their bodies. Excess grease and fatty foods will only slow them down and contribute to heat-related illnesses and other injuries.

**PROPER REST** – Students should get proper rest prior to and during band camp. Encourage you son/daughter to go to bed early. Rest and relaxation allow the body to recharge.

**COMMUNICATION** – Please feel free to contact the band director at any time concerning the health and well-being of your son/daughter. Should an injury occur, band directors will work with the certified athletic trainers to ensure your son/daughter gets the proper care for any type of injury.

Paying attention to these guidelines will decrease the risk of serious injury and help ensure a healthy marching season.

Please complete and return to your band director prior to the start of band camp. Please retain a copy of this information for your reference.

We are looking forward to a safe and successful season. Should you have any questions or concerns, please contact your Assistant Principal of Athletics and Activities or high school band director.

Sincerely,

Assistant Principals of Athletics and Activities; High School Band Directors

Student Name (Print): \_\_\_\_\_  
Last Name First Name

I have read and understand the information provided regarding the topics of heat, hydration, and proper health care for marching band students.

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

\_\_\_\_\_  
Date

Parent /Guardian Name (Print): \_\_\_\_\_

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

Please sign and return with other required documents



## Stafford County Public Schools

### Statement of Participation in Athletics and Concussion/Brain Injury History

In order to provide the safest possible environment for your child to participate in marching band in Stafford County Public Schools, please answer the following:

- Is your child currently participating on an athletic team inside or outside of SCPS? Yes or No If yes, please indicate the sport.  
\_\_\_\_\_
- Has your child ever suffered a concussion like brain injury? Yes or No
- If yes, what was the date of the latest concussion like injury? \_\_\_\_\_

Our coaches, band directors, nurses, and athletic trainers work diligently to provide the proper care for any concussion/brain injury, whether it occurs on a Stafford County Public Schools activity/sports team or non-school activity/sports team.

**It is extremely important that if an injury occurs outside of SCPS activities that the school nurse, coach, band director, and/or athletic trainer is notified immediately.**

**It is the responsibility of the student to report all injuries and illnesses to my band director, especially if an injury occurs during marching band rehearsal.**

\_\_\_\_\_  
Student Name (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

Please sign and return with other required documents

# Colonial Forge Bands

## Movie Permission Form

I, \_\_\_\_\_ . Hereby

Parent or Guardian Name, Printed

grant permission for my student, \_\_\_\_\_

to watch any movie rated G, PG, or PG-13, while traveling under the  
direction of the Colonial Forge Band's Staff.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



Student Name \_\_\_\_\_

## Student Allergies

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Instrument \_\_\_\_\_

Student Phone \_\_\_\_\_

Emergency Contact (can be parent) \_\_\_\_\_ Phone \_\_\_\_\_

Check all that apply

\_\_\_\_ NO KNOWN ALLERGIES

\_\_\_\_ Self-Carry Epi-Pen

\_\_\_\_ Self-Carry Inhaler

\_\_\_\_ Vegetarian

\_\_\_\_ Vegan

\_\_\_\_ Peanut Free

\_\_\_\_ Tree Nut Free

\_\_\_\_ Milk Free

\_\_\_\_ Gluten Free

\_\_\_\_ Eggs Free

\_\_\_\_ Pork Free

\_\_\_\_ Chicken Free

Natural/Seasonal:

Animals/pests:

Other:

Please return with other required documents



**VIRGINIA HIGH SCHOOL LEAGUE, INC.**  
1642 State Farm Blvd., Charlottesville, Va. 22911

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## ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**  
(To be filled in and signed by the student)

Male \_\_\_\_\_  
Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

### INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

### PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.

Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO	
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>		24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>		25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>		27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>		28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>		29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>		30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>			<b>YES</b>	<b>NO</b>	32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>		33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>		36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>		37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
				38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		
				39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		
				40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
				41. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>		
				42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>		
				43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>		
				44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____				
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<b>FEMALES ONLY</b>		<b>YES</b>	<b>NO</b>	
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			<b>YES</b>	<b>NO</b>	46. Age when you had your first menstrual period: _____			
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>		47. Number of periods in the last 12 months: _____				
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>		48. When was your most recent menstrual period? _____				
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>		<b>EXPLAIN "YES" ANSWERS BELOW</b>				
				#	>>			
				#	>>			
				#	>>			
				#	>>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>		#	>>			
<b>BONE AND JOINT QUESTIONS</b>			<b>YES</b>	<b>NO</b>	#	>>		
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>		#	>>			
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>		List medications and nutritional supplements you are currently taking here:				
<b>MEDICAL QUESTIONS</b>			<b>YES</b>					<b>NO</b>
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>						
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>						

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

**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

☐ MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: \_\_\_\_\_

Reason: \_\_\_\_\_

☐ NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: \_\_\_\_\_

☐ NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_

EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

**PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT**

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

**PART V- EMERGENCY PERMISSION FORM\***

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ **SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ **I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:** \_\_\_\_\_

**Parent/Guardian signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.



**Stafford County Public Schools**  
**Health Services**  
**Permission and Medical Form for Overnight Field Trips**

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last, First MI

Date of Birth: \_\_\_\_\_ Present Address: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Health History:**

Is the student under medical treatment, or taking medication on a continuing basis? \_\_\_\_ No \_\_\_\_ Yes

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_ has permission to be given the following medication if needed:

(Student's Name)

Medication	Dose	Frequency	Route

Parents must prepare all medications for overnight field trips. Medications are to be sent in the original pharmacy container with a copy of this permission form. Physician permission should be on file in the school health office.

Physician's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Insurance Information:**

Insurance Company's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

**Medical Authorization:**

I give permission to the staff of Stafford County Public Schools to seek medical treatment for my child, \_\_\_\_\_,

In the event of an emergence, if I cannot be contacted. I further authorize the medical staff to provide any treatment deemed necessary by the attending physician.

\_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of parent/Guardian*

School Nurses do not accompany students on field trips and every effort will be made for medications to be administered. All medications taken must be ordered by a physician and permission granted by parent. Parents/Guardians may be asked to accompany students in some circumstances. Middle /High school students may assume responsibilities for their own medications as long as SCPS protocols are followed.

## CFMB Individual Fundraising Accounts

The band program at Colonial Forge relies heavily on fundraising activities. In an effort to increase overall participation in fundraising and fund the forecasted band budget, the Board has authorized Individual Fundraising Accounts (IFA). These accounts not only offset individual student expenses, they also raise more money for the general fund.

The IFA program allows students and families, throughout the band program, the opportunity to earn credit towards specified costs. To remain compliant with the IRS and our 501c (3) Tax Exempt status, IFA opportunities will be limited in scope with respect to our overall fundraising activities and will ensure equity and compliance of the program.

1. Participation in an Individual Fundraising Account (IFA) is completely **VOLUNTARY**.
2. Except for concessions and TAG day, participating students may earn credit for fundraising with the following only:
  - a. Gift wrapping (per shift amount, determined once total revenue known).
  - b. Cookie Dough/Cheesecake sales: \$3 per unit sold.
  - c. White House Ornaments: \$2 per unit sold.
3. Costs that credit may be applied to (NO EXCEPTIONS): Band Dues, Marching Shoes, Concert Attire, Guard Fee, in-stock merchandise **ONLY**, Spring Trip, and individual music lessons, at the school, with approved music department personnel.
4. Specific rules of the accounts:
  - a. CFMB manages the accounts through online accounting software.
  - b. Unless otherwise agreed to, funds will be applied automatically to any outstanding invoice.
  - c. Funds may carry over to the following year for the individual student.
  - d. Funds may transfer the following year to a sibling upon graduation (no gap year).
  - e. Funds CANNOT be transferred to any other student.
  - f. Funds may NEVER be cashed out.
  - g. Participation in the IFA program **MAY** (depending on amount raised) result in the issuance of a Form-1099 (Note: If a child raises \$600 or more in their IFA, we may have to issue the form. You will be notified ahead of time if your student is approaching the threshold).
  - h. Donations to individual accounts are not authorized.
  - i. Music lessons, with approved music department personnel, may be reimbursed only once per school semester, with use of IFA Reimbursement/Allocation Form, and submission of cancelled checks or receipt from instructor outlining dates and costs of lessons previously completed. You must have enough in your IFA account to cover the lesson fees.
  - j. No advancement of IFA funds is permitted.

The IFA program will be reviewed and affirmed annually by the Colonial Forge Music Boosters Executive Board and Band Director.

***If you would like to participate in the IFA program, please sign and date below. By signing below, you acknowledge you have read and understand the program rules and that your participation is completely voluntary. You also acknowledge that the Board of Directors reserves the right to cancel the program anytime, for any reason, and all credit will be forfeited to the general fund.***

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name(s) (include last name if different from parent) \_\_\_\_\_

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