

Parents / Guardian,

Welcome to the Riverview High School Kiltie Band. We are excited about having your student join the Kilties.

Please fill out the following packet of forms and return them to the band office. If you have questions please call 923-1484 ext. 64324 and ask for Kate Mocherman. Thanks!

Page 1 – **Information Sheet** is needed for contacting parents, newsletter labels, etc.

Page 2 – **Medical Release Form For Out Of County Or Overnight Travel**  
This form **must be notarized** and be on file for your student to participate in activities with the band. This includes football games. (as per school board rule)

Page 3 – **Emergency Medical / Treatment Field Trip Consent Form**  
In case of serious illness or injury where immediate care is needed we will have the proper information for emergencies. (as per school board rule)

Page 4 – 5 **Medication / Treatment Authorization Form (2 pages-letter & form)**  
This form needs to be on file with us for student travel after school hours if medication is needed for your student. (away games, overnight trips, etc)

Page 6 – **Field Trip Permission Form**  
This form is giving permission for your student to travel to our many football games, concerts, field trips to the middle schools, etc. (as per school board rule)

Page 7 – **Parent Release For Public / Commercial Transportation**  
We will travel mainly by charter bus from a school board approved list of companies. On trip years we will fly with a commercial airline which is TBA until needed. (as per school board rule)

Page 8 – **Chaperone Guidelines**  
As a Sarasota County School Board Chaperone you will agree to guidelines put forth by the county. This form must be on file with the band office before you are allowed to chaperone. You also must be registered with the PALS through the school board to be cleared to chaperone. (as per school board rule)

Page 9 – **Release Form**  
**Section 1:** Directory Information will only be used among the staff and boosters for mailings regarding Kiltie news, updates, events, phone tree information, etc. The Kiltie organization does not release directory information to anyone!

**Section 2:** Media Release is for events when the Kilties are video taped, recorded, photographed, etc, by the public, newspapers, or television stations. (as per school board rule)

**Section 3:** Anonymous Surveys does not pertain to the Kilties.

Page 10 – **Kiltie Booster Membership Registration**  
Parents / Guardians interested in volunteering please fill out this form so you can be updated with information and the newsletter during the school year.

**RIVERVIEW HIGH SCHOOL**  
**MUSIC DEPARTMENT INFORMATION SHEET**  
**One Ram Way, Sarasota, Florida 34231**

**Section I**

**Please Print All Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (941) \_\_\_\_\_ - \_\_\_\_\_ Student - Cell Phone: (941) \_\_\_\_\_ - \_\_\_\_\_  
Mother - Cell Phone: (941) \_\_\_\_\_ - \_\_\_\_\_ Father - Cell Phone: (941) \_\_\_\_\_ - \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_ @ \_\_\_\_\_  
Student Email Address: \_\_\_\_\_ @ \_\_\_\_\_  
Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Father's Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mother's Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Section II**

Please indicate your grade for the upcoming school year: \_\_\_\_\_ and your area of participation:

Band       Dance       Guard       Pipes       Percussion

Indicate which instrument you play for each category:

Marching Season: \_\_\_\_\_ Concert Season: \_\_\_\_\_

**Section III**

- Please fill out all of the attached sheets and return the packet to the music department office.
- The Medical Release Form for Out of County or Overnight Travel must be **notarized**.
- If you have any questions regarding this packet please feel free to call the band office at 923-1484 ext. 64324 for assistance.

**MUST BE  
NOTARIZED**

THE SCHOOL BOARD OF SARASOTA COUNTY  
PUPIL SUPPORT SERVICES  
1960 Landings Boulevard, Sarasota, Florida 34231-3331  
Telephone: (941) 927-9000

**MUST BE  
NOTARIZED**

**MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL**

*Instructions:* Form must be signed and notarized.

Name Of Student (Please Print): \_\_\_\_\_ School Year: \_\_\_\_\_

Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Group  
Number: \_\_\_\_\_

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Activities Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Activities Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity. For this reason it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents, or guardian, give my/our consent for the student identified herein to participate in this activity as a representative of his/her school.
2. I/We will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Activities Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, costs, trips or extracurricular activities, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my son/daughter to travel on any approved school related trip. This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.

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

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

State of Florida:  
County of Sarasota

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_  
(Name of Person Making Statement)

The foregoing instrument was acknowledged by:

\_\_\_\_\_ Personally known to me, or

\_\_\_\_\_ Produced Identification: \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Name of Notary Public: Print, Stamp, or Type as Commissioned: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Commission Number: \_\_\_\_\_

RET: Master, ESY  
Dupl.OSA

The School Board of Sarasota County complies with State Statutes on Veterans' Preference and Federal Statutes on non-discrimination on the basis of race, color, sex, religion, national origin, age, disability, marital status or sexual orientation.

006-96-SEC-BUS  
Rev: 5/9/04

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
PUPIL SUPPORT SERVICES  
1960 LANDINGS BOULEVARD, SARASOTA FL 34231-3331  
TELEPHONE: (941) 927-9000

**EMERGENCY MEDICAL/TREATMENT FIELD TRIP CONSENT FORM**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of above (if different): \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list a person other than the parent or guardian who could be contacted in case of an emergency below:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is above student allergic to foods, medications, or insects?  Yes  No

If Yes, please list what they are and emergency medication/treatment, if any:

\_\_\_\_\_  
\_\_\_\_\_

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)?  Yes  No

If Yes, please list and describe medical requirements for field trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the above student take any daily medication?  Yes  No

If Yes, please complete the medication treatment authorization form (if not previously on file in the school Health Room) and  
lease list the medication and time to be administered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child. I understand that I must notify the school if there are any changes in this health emergency information.

In case of non-life threatening emergency, list hospital preference: \_\_\_\_\_

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



THE SCHOOL BOARD OF SARASOTA, COUNTY  
AND  
SARASOTA COUNTY HEALTH DEPARTMENT  
SCHOOL HEALTH SERVICES  
**MEDICATION/TREATMENT AUTHORIZATION FORM**



- For Administration during School Hours -

Dear Parent/Legal Guardian:

If your child needs to have medication(s)/treatment(s) given during the school day, state regulations and school board policy require that you and your doctor provide written permission for administration of both prescribed and over-the-counter medication(s) or treatment(s).

(Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug.)

- ◆ **Prescribed medications** must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor's name. The label information must match the physician's order.
- ◆ **Over-the-counter medications** must arrive in the original, unopened store-issued container. Please take the time to label the container with your child's full name and birth date, the date you send the medication to school and the dosage prescribed by the doctor.
- ◆ The Medication/Treatment Authorization Form on the reverse side of this document must be completed entirely and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. **Both a parent/legal guardian and the prescribing doctor must sign the form.** Staff will not be able to administer medications to your child without this written consent.
- ◆ The parent, legal guardian, or an authorized adult must hand carry medications to the school health room. The health room aide upon receipt will verify the quantity of each medication. **Do not send medications to school with your child.**
- ◆ The RN at your child's school may need to call the doctor's office for medication/treatment clarification.
- ◆ The parent or legal guardian will need to pick up the medication at the end of the school year or if the medication is discontinued or changed during the school year. If the medication is not picked up, it will be discarded.

Thank you for your cooperation.

The School Board of Sarasota County complies with State Statutes on Veteran's Preference and Federal Statutes on non-discrimination on the basis of race, color, sex, religion, national origin, age, handicap, disabilities, marital status, or sexual orientation.



THE SCHOOL BOARD OF SARASOTA, COUNTY  
AND  
SARASOTA COUNTY HEALTH DEPARTMENT  
SCHOOL HEALTH SERVICES  
**MEDICATION/TREATMENT AUTHORIZATION FORM**



Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
School Name \_\_\_\_\_ FAX Number \_\_\_\_\_

**The following section is to be completed by the parent or legal guardian:**

I hereby grant permission to the principal or his/her designee of \_\_\_\_\_ School to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.1006.062). It is my responsibility to notify the school if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List child's allergies: \_\_\_\_\_

**The following section is to be completed by the prescribing physician:**  
**(A separate form must be completed for each medication or treatment prescribed)**

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given in school. I am aware that trained non-medical staff may administer this physician prescribed service.

This order is to be effective for the school year: 201\_\_ - 201\_\_ or earlier stop date:

<b>Diagnosis (for this medication/treatment):</b>		
<b>Treatment:</b>		
<b>Name of Medication: Brand:</b>	<b>Generic:</b>	<b>Strength (i.e. mg/tab):</b>
<b>Instructions to give: Amount (i.e.# of tablets or teaspoons):</b>		<b>Time(s):</b>
<b>Frequency (i.e: q 6 hrs pm):</b>		<b>Duration (i.e: 10 days):</b>
Route: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> I.M. <input type="checkbox"/> Inhaled <input type="checkbox"/> Other (describe):		
Time medication is given at home (if applicable):		
Possible side effects:		
Is student authorized to carry and use asthma inhalation medication or EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student been instructed in the use of asthma inhaler or EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Information:		
Physician Signature: _____		Date: _____
Physician Name: _____		
Office Address: _____		Phone: _____ Fax: _____
Medication order reviewed by school R.N.: _____		Date: _____
Medication stopped by Parent/Guardian: Date: _____ Parent/Guardian Signature: _____		

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
PUPIL SUPPORT SERVICES  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231-3331  
TELEPHONE: (941) 927-9000

FIELD TRIP PERMISSION FORM

Field Trip Information

**Instructions:**

Complete this form and return it to the school. It must be returned to the school before your student will be allowed to participate in this activity.

The Emergency Medical/Treatment Field Trip Consent Form must be on file at the school before your student will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/coach or interscholastic activity sponsor.

Sybil K. Noel 6/2/10  
Signature of Principal Date

Purpose: Football Games, Concerts, FBA Events, Middle School Visits, Trips, Band Activities

Destination: Will Be Announced In Class As Each Event Occurs

Time/Date of Departure: TBA

Time/Date of Return: TBA

Leaving From: Riverview High School

Returning To: Riverview High School

Means of Transportation: Charter or School Bus / Airline for a band trip year.

Meal Arrangements: Will Be Announced

Cost to Students: TBA

Field Trip Permission

I \_\_\_\_\_ (parent/guardian) give my permission for  
\_\_\_\_\_ (student's name) to participate in the  
field trip to (destination) \_\_\_\_\_ on (date) \_\_\_\_\_.

Phone number where I can be reached during this field trip: \_\_\_\_\_

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release the School Board of Sarasota County, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees, resulting in any way from participation in the field trip described above.

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

(Detailed itinerary attached when field trip extends beyond school day)

\_\_\_\_\_  
Date

**THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
PUPIL SUPPORT SERVICES**

**PARENT RELEASE FOR TRANSPORTATION  
PROVIDED THROUGH PUBLIC/COMMERCIAL TRANSIT SYSTEM  
(i.e., airlines, rail, cruise lines)**

Instructions: Complete this form and return it to the school along with the completed Field Trip Permission Form. Both forms must be on file at the school before your son/daughter/ward will be allowed to participate in this activity.

I \_\_\_\_\_ understand and accept responsibility for  
\_\_\_\_\_ my (son/daughter/ward) to participate in the  
field trip to Football Games, FBA Events, Concerts, Band Activities & Trips as specified in the  
Field Trip Permission Form using the identified public or commercial transit system. I  
agree to release and hold harmless the School Board of Sarasota County, Florida, its  
employees and agents from liability for all claims, judgments, costs or other expenses,  
including attorney fees, arising out of the bodily injury or property damage resulting in  
any way from my son/daughter/ward using any means of public or commercial  
transportation.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

The School Board of Sarasota County complies with State Statutes on Veteran's Preference and Federal Statutes on non-discrimination on the basis of race, color, sex, religion, national origin, age, handicap, disabilities or marital status.

RET: Master, 1FY  
Dupl., OSA

011-01-SEC  
Eff. 11/14

THE SCHOOL BOARD OF SARASOTA COUNTY  
PUPIL SUPPORT SERVICES  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231-3331  
TELEPHONE: (941) 927-9000

CHAPERONE GUIDELINES

**Instructions:** Please return this form to the school field trip/event sponsor.

School: Riverview High School Field Trip Destination: FBA & Band Trips, Events

Departure Date/Time: TBA Return Date/Time: TBA

The primary purpose of a field trip or school-sponsored activity is to enrich students' education. All school sponsored events, educational field trips, and other school sponsored student travel must be adequately supervised and chaperoned. As approved by the principal, the faculty member will be designated as sponsor, and other staff members or parents will be designated as chaperones. The sponsor is responsible for informing the accompanying adults of their duties and responsibilities. Clearly, the safety of students is the primary concern. For this reason, the following guidelines have been developed outlining the responsibility of all chaperones.

As a Sarasota County School Board chaperone, I agree to uphold the following guidelines:

1. Recognize that the classroom teacher is ultimately responsible for all students. His/her directions must be followed by both students and chaperones.
2. Understand that students must be kept under close adult supervision at all times. Chaperones are to report issues or concerns immediately to the supervising teacher. Chaperones are "on duty" the entire time they are away from the school campus and must be willing to adhere to the guidelines.
3. Assist the teacher in making sure that all students are accounted for during the trip or activity, especially prior to leaving the field trip location or dismissing of students following the activity.
4. Acknowledge that trips or events extending beyond regular school hours means that the sponsor and chaperones are responsible for students until they are released to parents.
5. Agree that smoking and the use of alcoholic beverages are not permitted for any individual (adult or student) participating in a school sponsored activity according to the Sarasota County School Board Safe & Drug Free Schools policy.
6. Comply with and meet the background check requirements for Sarasota County School Board volunteers/chaperones and agree to abide by the District Volunteer Guidelines.

If the field trip or school sponsored activity is cancelled due to changing state, national, or international conditions, the School District cannot assume responsibility for any personal financial loss. I release The School Board of Sarasota County, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees resulting in any way from participation in the field trip described above.

\_\_\_\_\_  
Chaperone Name (Printed)

\_\_\_\_\_  
Chaperone Signature

\_\_\_\_\_  
Date

RIVERVIEW HIGH SCHOOL

ONE RAM WAY

SARASOTA, FL 34231

(941) 923-1484

(941) 361-6175 FAX

HTTP://WWW.RIVERVIEWHS.COM



### RELEASE FORM

This form provides an opportunity for you to grant or deny access to your child and to his/her records in certain situations as proscribed by law and Board policy. The first two sections apply to all grade levels; the third section applies only to grades 6 through 12.

*Please know that your decisions as expressed here will remain in effect until you complete another form changing your decisions;*

STUDENT NAME: \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

#### SECTION 1: DIRECTORY INFORMATION

Pursuant to Florida Statute (s. 228.093(2)(9)(e)) directory information is defined to include the "student's name, address, telephone number if it is a listed number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, an, the most recent previous educational agency or institution attended."

Unless a parent denies access, such information is routinely used in the Honor Roll, yearbook, athletic game programs, newspapers, parent organization communications, creating phone lists, etc. In addition, such information may be shared with persons with an educational interest. If you deny access, such information cannot be released for any of these purposes.

Please check one:

YES, I authorize the principal, or designee, to release Directory Information

NO, I do not authorize the principal, or designee, to release Directory Information

#### SECTION 2: MEDIA RELEASE

Occasionally during the school year, the school district as well as newspapers and television stations interview, photograph and video tape our schools, teachers, and students to visually explain the varied types of programs and events which our schools offer. Those photographs and tapes may be used in newspapers, on television stations, and in School Board publications and productions. Please check one below:

YES, I grant permission for my child to participate in the media activities described above.

NO, I do not allow my child to participate in the media activities described above.

#### SECTION 3: ANONYMOUS SURVEYS (grades 6 -12 ONLY)

Each year our middle and high schools administer surveys related to drug/alcohol use, sexual behavior, and other teen behaviors. The surveys are completely anonymous - individual students are never identified. Results are used by the school district and by community agencies to seek grants to combat such behaviors and to improve educational programs. Please check one:

YES, I authorize the principal, or designee, to administer anonymous risk behavior surveys to my child.

NO, I do not authorize the principal, or designee, to administer anonymous risk behavior surveys to my child.

Please submit this completed form at the time of registration. In the future, you may contact the school to change your decisions. Thank you for your cooperation.

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**RIVERVIEW HIGH SCHOOL  
KILTIE BAND BOOSTERS, INC.  
PO Box 18504, Sarasota, FL 34276**

**Riverview Kiltie Booster Membership Registration**

The Kiltie Booster Organization supports the Riverview band program both financially and with manpower throughout the year. With the *Fairshare Program* all Kiltie parents are booster members. Each parent shall receive a newsletter to keep them updated on current events that the Kilties are involved in. There are many different areas that parents are needed to help with, and everyone's help is greatly appreciated. In addition to the satisfaction that comes from working with and assisting our Kilties, as a Kiltie Booster, you will be able to vote on all Kiltie Booster Business.

Please fill out the information below to further help us find a place for you to help in your student's wonderful experience this year with the Kiltie Band. In the event that both parents would like email updates and to receive the newsletter, please fill out a form for each email address, so each parent will receive a newsletter.

<p><b><u>PLEASE PRINT CLEARLY</u></b></p> <p>PARENT NAME: _____</p> <p>STUDENT NAME: _____</p> <p>ADDRESS: _____</p> <p>ZIP: _____ HOME PHONE: _____ CELL PHONE: _____</p> <p>E-MAIL ADDRESS: _____ (this is important for communication during the year, please print clearly)</p>
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**The following dates are opportunities for you to find out how you can volunteer**

- August 11 - Booster Meeting
- August 19 - First Evening Marching Rehearsal – 6:00pm – 8:00pm
- August 21 - Uniform Check-Out
- August 26 - Parent Volunteer Training (must attend one training to volunteer)
- August 31 - Parent Volunteer Training (must attend one training to volunteer)