



Official Marching Band & Youth Sponsor • The NYC Veterans Day Parade • 866.489.6888 Toll Free • 212.757.1953 • 212.956.0272 Fax • info@BandOfPride.org

July 6, 2012

Dr. Phillip Smith
Mariposa County High School Grizzly Band
Mariposa County High School
PO Box 127
Mariposa, CA 95338

Dear Director Smith,

On behalf of our Nation's Veterans and Military, Mr. Joe Brunner, Executive Director of The San Diego County Veterans Day Parade and Melinda Marinoff, the Official Marching Band and Youth Sponsor for The San Diego County Veterans Day Parade, we are honored to invite the Mariposa County High School Grizzly Band to celebrate service by performing in the 26th annual San Diego County Veterans Day Parade, on Monday November 12th, preceded by The Band of Pride Tribute on Sunday November 11th, 2012.

Our nation is grateful to our veterans – the brave men and women who have served in the military and have made tremendous sacrifices to protect our freedom. By the example of courage under fire, they raised up a new nation, inspired by the common man; a nation blessed with heroes and heroic deeds.

We look forward to seeing you in November.

Sincerely,

Melinda Marinoff
Official Marching Band and Youth Sponsor
The San Diego County Veterans Day Parade
Executive Director, The Band of Pride Tribute

SAN DIEGO

Please complete one form for each person attending, students and adults.

MCHS GRIZZLY BAND	<input type="checkbox"/> BAND <input type="checkbox"/> BANNER <input type="checkbox"/> COLOR GUARD <input checked="" type="checkbox"/> PARENT	CHAPERONE NAME _____ ROOM# _____ CELL# _____ Parent / Guardian? BOOSTER USE ONLY	<input type="checkbox"/> MEDICAL / ALLERGY ALERT PARENT PHONE# _____ _____
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Photo

Name (Please Print) _____ Age: _____ DOB: ____/____/____ Male _____ Female _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Distinguishing Marks _____ List any Disabilities and / or Special Needs _____

Non - Prescription Drugs that can be provided to
(Check any that apply)

Aspirin Cough Syrup / Drops Dramamine
 Tylenol Dayquil / Robitussin Benadryl
 Ibuprofen Pepto Bismol / Tums _____

List ANY problems with:

Motion Sickness _____
 Sleep _____
 Phobias _____
 Appetite _____

Parent / Guardian Signature _____	Date: ____/____/____
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EMERGENCY CONTACTS				
NAME	RELATIONSHIP	PHONE / CELL	PHYSICAL ADDRESS	On Trip?

MEDICAL INFORMATION		
Medical Conditions	Allergies	Medications and Dosage
	EPIPEN? Yes / No	INHALER? Yes / No

Health Insurance and Policy# _____	Doctor and Phone# _____
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PARENTS / GUARDIAN	PHONE	ADDRESS	EMAIL

Photo Liability and Interest Release Form

One form for each student

Mariposa County High School Grizzly Band Boosters, Inc. (hereafter Band Boosters) has a website that is used for publicity, to provide information to members and to solicit donations from the general public. In order to accomplish these objectives, Band Boosters utilizes photos and other digital images of band students and adults, representations of band student work and recordings of band music on our website. Band Boosters always intends to comply with the CHILD INTERNET PROTECTION ACT regulations.

- No photos will contain or allude to a student's identity.
- No names will be associated with the photo or in the content of the web page containing the photo.
- Only general information may be associated with a photo (i.e. "This musician from the Show Band...")
- No information will ever be given to outside parties concerning any photo.

In consideration of the benefits associated with the publicity accorded by inclusion of my child's music, work and/or image on the Band Booster website or other print or digital media, I voluntarily accept the risks associated with such exposure in an uncontrolled public forum. I further recognize that Band Boosters accepts NO responsibility for damages incurred, related directly or indirectly, from the use of my student's image, work or music in such a public forum. I hereafter waive any present or future interest, monetary or otherwise, in any photo, work or recording of music presented by the Band Boosters on its website, or other media, for publicity, information or to solicit funds. I further recognize that should I fail to sign this release, Band Boosters will make any effort necessary to remove or obscure my child's image from all presentations in any public forum.

Signed this day ____/____/____

Parent Signature_____

Print Parent Name_____

Student's Name, please print_____

CODE OF CONDUCT FORM FOR ADULTS IN CONTACT WITH STUDENTS

One form for each adult

Mariposa County High School Grizzly Band Boosters, Inc. (here after Band Boosters) recognizes that in the natural course of accomplishing our objectives as a PUBLIC BENEFIT CORPORATION, adults are brought into contact with the students, and the general public, that we serve. In order to insure that a uniform and responsible behavior standard is applied to all such interactions, Band Boosters hereby requires that all **adults**, brought into contact with students through activities sponsored or supported by the Band Boosters, **will follow the behavior guidelines listed below.**

Behavior will adhere to the following California Education Code and Mariposa County Unified School District policies for any adult engaged in Band Booster Activities, to be defined as any activity where students will be present, OR while on any fieldtrip OR any other Band Booster sponsored, band sponsored or school sponsored activity or event.

- The Zero Tolerance Policy
- MCHS school rules including the Dress and Grooming Code
- The Vandalism Policy
- The "Trained Canines" Drug Dog Searches Policy
- The Sexual Harassment Policy

I, print parent name _____, recognize and acknowledge that these policies address and specifically **prohibit** the use of:

1. Tobacco
2. Alcohol
3. Controlled substances
4. Profanity
5. Sexually suggestive behavior or language
6. Weapons

OF ANY KIND, **while I am engaged in Band Booster activities** as defined above, and

I hereby promise to follow the conduct policies as specified.

Signed this day ____/____/____

Parent Signature _____

Student's Name, please print _____

MARIPOSA CO. HIGH SCHOOL GRIZZLY BAND BOOSTERS, INC.
A CALIFORNIA CORPORATION
(Band Boosters)

RELEASE FORM FOR FIELD TRIPS

By placing my name and signature below, I acknowledge that I am voluntarily allowing my STUDENT to participate in the Grizzly Band activity listed below; and that I have voluntarily entered into a contract with the Band Boosters, and that in consideration of the financial contribution given by the Band Boosters, I agree to accept all risks associated with participation in said activity and to hold harmless and agree not to sue the Band Boosters, singularly and/or completely, its board of directors, officers, and members, for any loss of property, or injury, or loss of life or disability, or any other loss, for any reason.

Signed this day in Mariposa County, California,

DATE _____

PRINT NAME OF STUDENT _____

PRINT NAME OF PARENT OR GUARDIAN _____

SAN DIEGO TRIP
NOVEMBER 9-14, 2012

Signature of parent or legal guardian

_____ Date _____

**I UNDERSTAND THAT THE EXPECTED FINANCIAL CONTRIBUTION FOR
BAND AND COLOR GUARD STUDENTS WILL BE :
\$ 200.00 DUE AND PAYABLE IN FULL
BY DATE : 10/19/2012**

The Grizzly Band Boosters will cover the remainder of the cost for the band and color guard students for the trip through public fund raising.

BAND OF PRIDE/ VETERAN'S DAY PARADE TRIP TRANSPORTATION AND ROOMING RELEASE FORM

By placing my signature below, I, parent/guardian of

(Student's name) _____

give consent for my child to share a hotel room with other members of the Mariposa HS Grizzly Band and Color Guard. My child will be placed in a room with an unrelated adult ***only if*** that adult is known to me and I give my separate consent to the arrangement.

I understand that MCUSD and MCHS Zero Tolerance Policies will be in force during this field trip. I will discuss proper behavior and safety practices with my student before the field trip. I further understand that I may be called upon to retrieve my student at my own expense.

Signature of parent or legal guardian

Date _____

Luggage screening and check-in

will occur on Thursday Nov. 8 between 5 and 8 PM

I understand that all luggage may be screened by drug dogs prior to departure, and that any infractions will be referred to law enforcement.

I further understand that my child will have to pass a band/color guard equipment check list to insure that all required parade equipment is present.

I understand that my child will have to carry his/her own luggage, and that my child's luggage will have to comply with AMTRAK baggage rules.

All carry-ons must have identification.

Carry-on size 28 X 22 X 11

Small items will not count towards carry-on: Pillows, blankets, backpack, purses, snacks, computers, etc.

Students will be required to carry everything from train to bus to train to hotel!(and back)