

2020 BAND FEE

STUDENT NAME, PRINTED CLEARLY:

CHECKS SHOULD BE WRITTEN OUT TO "CFHS BAND" - PLEASE, NOT CFMA.

Marching Band Fee (All Students)	\$20
Would you like to donate to help offset the fee of a student or family with financial need?	\$_____
TOTAL AMOUNT ENCLOSED	\$_____



In a typical year, the marching band fee covers uniform supplies, specialized instruments, food, housing, transportation, props, and additional costs associated with the activity. Students have the opportunity to participate in fundraisers throughout the year. This fee is different from the \$20 Activity Fee that is paid directly to the high school. **Financial hardship will never prevent any student from participating in band at CFHS.** Thanks to the amazing help of the Chippewa Falls Music Association (CFMA) we have been able to keep this cost as low as possible. If you'd like to help us lower this cost even more next year, please get involved with CFMA!

2020-2021 TRAVEL PERMISSION FORM

X_____ has my permission to perform and travel with the Chippewa Falls High School Music Department throughout the 2020-2021 school year to various performances, competitions, and events . I understand the nature of the school activity in which my student will be participating and that he/she is expected to abide by all school regulations during the course of the activity. I hereby give my permission for him/her to participate in the above-described activity. In the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my student without financial obligation to the district. I do further authorize emergency treatment to be initiated at any medical facility to which my student has been transported. In the event that emergency medical care is needed while my son/daughter is involved in extracurricular activities, I authorize the respective school personnel to transport him/her to a physician's office or emergency center. Further, I authorize the physician and hospital staff to treat my son/daughter, as they deem necessary. I further agree that if my student receives medical treatment and/or is hospitalized, his/her name will be released to school district officials upon their request.

Parent/Guardian Signature: **X**_____ Date: **X**_____