

2019-2020 LSHS BAND PACKET



Dear Parent(s) and or Guardian(s),

I am so pleased to welcome you back to another great year in the Lake Stevens High School Music Program. This year promises to be amazing and I look so forward to seeing you all. In an effort to minimize the amount of paperwork and permission slips going home, I am putting all of the paperwork in one big packet similar to what the Athletics Department does. Be advised that the forms contained are not of my creation. They are district standard made appropriate for our program. Please read, sign where necessary, and return the signed portion(s).

Contained within this packet is the LSHS Honor Code and Contract. This part of the document lays out the policies of behavior that are expected of your student as they represent the band and our school. It is based on the Leadership Code of Conduct.

You will also find the HIPPA Authorization and the Volunteer Extracurricular Activity Drug Testing Authorization forms that are required to be filled out for all students involved in extracurricular events such as leadership, ASB, marching band, and athletics. There is an option to “opt out” if you choose to take it. Feel free to contact me in person if you would like to discuss this further.

Next, you will find the Emergency Consent Health Card, Private Vehicle Permission, and Event Permission. This is a “cover all” permission slip for getting medical care for and transporting your student. By signing it you are 1) allowing us to seek medical attention for your student, should they need it, 2) Granting permission for them to attend all events, festivals, competitions, and performances as prescribed by the LSHS Band calendar, band and or booster sponsored events, playoff games as listed by wescoathletics.com, events prescribed by email, or sent home in hard copy, and 3) Granting permission for your student to be transported either by district or private means to those previously listed events.

In other words, instead of having to fill out a permission slip for every festival or event on the calendar for the literally hundreds of kids in our program, we will do it all at once, like most athletic teams do.

PLEASE CHECK THE FRONT AND BACK OF ALL PAGES AND SIGN WHERE APPLICABLE. PLEASE RETURN IT BY THE FIRST FRIDAY OF SCHOOL.

THIS FORM WILL BE MADE AVAILABLE FOR YOU TO HAVE A COPY OF ON THE LSHS BAND WEBSITE.

LSHS Concert Ensembles Syllabus

Course Descriptions, 2019-'20

Director, Mr. Proff

EXPECTATIONS AND REQUIREMENTS:

Students will **obtain the following** materials for daily class use:

1. Uniforms through the LSHS Band Boosters
2. Bring a **combination** lock for your locker. Keyed Locks are not allowed.
3. A sharp pencil, loose leaf paper for notes and assignments
4. Appropriate Instrument and corresponding accessories (reeds etc)
5. Concert dress (Tux for Wind and Jazz 1, Black and White for Concert Band and Jazz 2)
6. **Purchase an ASB Card**
7. Complete an LSHS Band Packet

WHAT STUDENTS NEED TO KNOW ABOUT CONCERT ENSEMBLES:

- Concert Ensembles perform often for the school, community, and at regional festivals.

Parents will receive a schedule by hard copy, email, and accessing our website.

- **“ALL PERFORMANCES ARE MANDATORY”** - Missing a performer can have a huge impact on our group, particularly at festivals where the hard work of many can be greatly impacted by a single person being gone.

I humbly request that everyone use the calendar to avoid conflicts.

(Failure to do so may result in removal or group movement at director’s discretion)

- Punctuality is of paramount importance – SEE BELOW

“Early is On Time, On Time is Late, and Late is Unacceptable”

- Knowledge of the music terminology and theory is required (regular exams).

- Insubordination on trips may result in removal from the ensemble at the director’s discretion.

- Opportunities for in-class performances will be required during this course.

- **Participation in Marching Band and its events are a Mandatory part of the Class.**

- The first 4 football games and the first 8 basketball games are for a letter.

- All games in excess of the letter requirements are for community service.

- **Excessive absences will result in the student being asked to choose another elective.** (Student Athletes will be excused during their season and further exemptions may be granted by the director on a case by case basis.) See me for information.

- **Concerts are graded (40%) and mandatory. (please plan ahead)**

- **At this level, playing ability on an ensemble instrument is a pre-requisite for this class. Exceptions may be made by the director on a case by case basis.**

VARIABLE DETAILS:

- Concert ensembles have **unlimited enrollment**; resources ARE limited.

- Concert Ensembles are geared toward intermediate and advanced level musicians.

- If the student desires a challenge beyond the concert music, they should compete in Solo&Ensemble and honor bands. **Applied/private lessons are highly recommended.**

For More information, please contact Mr. Proff:

E-Mail: neil_proff@lkstevens.wednet.edu

Or Visit Our Website at <https://www.lkstevens.wednet.edu> / Athletics and Clubs / LSHS Bands

(Please sign below to acknowledge that have read, agree to, and understand the requirements of the syllabus)

Student: _____ **(print)** _____ **(sign)** **Date:** _____

Parent: _____ **(print)** _____ **(sign)** **Date:** _____

LSHS BANDS HONOR CODE AND CONTRACT

The mission of the Lake Stevens High School is to develop responsible student leaders that are not only fantastic musicians, but respectable human beings. Demonstration of these qualities inspires others toward positive change, exceptional work ethic, and practical discipline through the accomplishment of common goals (and the celebration that follows). All band activities represent, both in perception and practice, an appreciation for the excellence of our program and the positive spirit of Lake Stevens High School.

Recognizing the unique role of the LSHS bands in promoting a positive school culture, band students must demonstrate accountability for their decisions and actions by abiding to an honor code. In order to abide by the honor code, band students shall not engage in any of the incidents described below or any other behavior that falls under the category “Exceptional Misconduct” as defined in the LSHS student handbook.

CODE OF CONDUCT:

All band students who attend the schools of this district will comply with the rules and regulations set down by Washington State Interscholastic Activities Association (WIAA), the district policies, and in accordance with the student rights and responsibilities handbook. Any band student who willfully performs or any act which materially interferes with or is detrimental to the orderly operation of a school, a school sponsored activity or any other aspect of the educational process within the Lake Stevens School District shall be subject to discipline, suspension, or expulsion from the music program of said school district.

The following acts by a band student on or off school premises shall constitute sufficient cause for discipline, suspension, or expulsion:

- 1. Disruptive conduct, disobedience to the reasonable instructions of school authorities.**
- 2. Refusal to identify oneself.**
- 3. Unauthorized absence from practice or performance.**
- 4. Loss/neglect of materials.**
- 5. Cheating.**
- 6. Immoral conduct.**
- 7. Vulgarity or excessive profanity.**
- 8. Use of non-prescribed drugs, alcohol, or tobacco (including vaping oils and delivery devices)**
- 9. Destruction or defacing of property.**
- 10. Extortion, harassing, intimidation, or bullying of another student or staff member.**
- 11. Stealing.**
- 12. Possession or use of any dangerous weapon.**
- 13. Commission of any criminal act as defined by law.**

DRUG TESTING:

Like all members of extracurricular activities that are sanctioned by the WIAA at LSHS, Band students are asked to voluntarily complete Drug Testing Authorization paperwork (included in this packet). Failure of a drug test can result in disciplinary action as well as removal from participation in extra curricular band activities.

Any band student who is unable to comply with the honor code and/or participating in behaviors not consistent with the spirit of the code will immediately forfeit all privileges related to their position and be subject to disciplinary action that may include removal from the extra curricular band activities.

In addition, band students, as members of an ASB-sponsored club are required to purchase an ASB card and are bound by portions of the Band Honor Code as specified on the back page of this Honor Code.

I have read, understand, and will abide by the LSHS Band Honor Code. I understand that abusing the privileges that come with being in our band will be grounds for removal from band extracurricular activities.

Student Name _____ (Print Legibly)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

EXTRACURRICULAR ACTIVITY DRUG TESTING AUTHORIZATION

I understand as a participant in WIAA/Student Government programs that my performance, my health and the reputation of my school are depending, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and policies set forth by the Lake Stevens School District Board of Directors and the appointed leaders for activities in which I participate.

I (the student) authorize the Lake Stevens School District to conduct tests on urine specimens which I provide, testing for the use of prohibited substances including, illegal drugs or alcohol or non medical use of prescription drugs. I also authorize the use of a breathalyzer test or other drug test as needed. I understand that the release of information concerning the results of such tests will be made by the testing agency only to the Lake Stevens School District (per Policy No. 5600 Lake Stevens School District means Medical Review Officer, High School Principal or Designee). This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above. This authorization will be in effect throughout my entire career at Lake Stevens School District or until I file paperwork signed, by student and parent opting out of the Voluntary Testing Program.

Please check one of the following choices:

_____ I agree to the Voluntary Drug Testing, as part of our commitment to provide a Drug and Alcohol free Extra Curricular program in the Lake Stevens School District.

_____ I request to opt out of Voluntary Drug Testing. We understand this requires setting up a meeting with the Athletic Director of the school you student is attending. Contact: LSHS – Jason Pearson 425-335-1527, Jason_pearson@lkstevens.wednet.edu
Cavelero – Raphil Hasegawa 425-335-1632, Raphil_Hasegawa@lkstevens.wednet.edu

Print Name: _____

Student Signature

Date

Parent or Guardian Signature

Date

NONPUNITIVE NATURE OF POLICY

No student shall be penalized academically for testing positive for alcohol or illegal drugs. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Drug test results will be maintained by the school principal or his or her designee in separate, confidential files, and will be available only to school personnel with direct responsibility for administering the drug testing program. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or legal process, which the District shall not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent or legal guardian will be notified at least seventy-two hours before response is made by the District.

Revised: 5/27/08

**Sport/Activity Student is participating in: LSHS MARCHING AND PEP BAND
HIPAA AUTHORIZATION FORM**

Patient's Name: _____
(Student Name - please print)

Date of Birth: _____

Address: _____

I hereby authorize Laboratory Corporation of America to disclose the protected health information regarding the above-named patient to: MRO (Medical Review Officer) authorized High school Principal or Designee (need to know person only).

My protected health information will be used and/or disclosed upon request for the purpose of reviewing the results of alcohol and other drug tests. Information obtained with this authorization will be used solely for this purpose and will be limited to the minimum information necessary to achieve the stated purpose.

This authorization for use and/or disclosure applies to the information described below (*mark those that apply).

_____ Results of alcohol and other drug tests.

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying Lake Stevens High School in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition any treatment of me on whether or not I sign the authorization.

This authorization is good for the entire time your student is enrolled in the Lake Stevens School District or until an opt out letter is on file.

Student Signature: _____ Date: _____

(Parent/Guardian) Personal Representative's Name:

Relationship to Student: ____ Parent ____ Legal Guardian* ____ Holder of Power of Attorney"

(*Please attach legal documentation if you are the legal guardian or Holder of Power of Attorney.)

Lake Stevens High School Band Emergency Consent Health Card, Private Vehicle Permission, and Event Permission.

Dear Parents,

The Lake Stevens High School Band Program, like the best programs in our state, regularly travels to jazz festivals, athletic events (particularly playoffs and state tournaments), drumline festivals, band festivals, exchange events with other schools, clinics, and the Lake Stevens High School graduation ceremony. In order to best take care of your student in your absence during these events I would like to humbly ask that you fill out the following LSHS Band Emergency Consent Health Card and permission slip.

This form will allow me to communicate directly with you in the event of an emergency. In an instance that I cannot contact you or your secondary contact, it also allows me to get care for your student, should they require it. This form also serves as permission/consent for the named student to attend and be transported to, either by district or private transportation, all events, festivals, competitions, playoff games and performances as prescribed by the LSHS Band Calendar. Overnight events are denoted by an asterisk. Extra events will be accompanied by a traditional permission slip. As the LSHS Band Calendar is updated please note any changes.

(LSHS Band Calendar located on the next page)

(LSHS Band Emergency Consent Health Card located on the following page)



Lake Stevens High School Band Emergency Consent Health Card, Private Vehicle Permission, and Event Permission.

Student Name: _____ Date: _____

Birth date: _____ M/F Age: _____ Grade _____

Address: _____ City _____ State _____

Parent/Guardian Name(s): _____ Phone: (____) _____

Parent/Guardian Name(s): _____ Phone: (____) _____

If not living with parent/guardian, give name and address of people with whom child lives:

Name: _____ Phone :(____) _____

Address: _____ City _____ State _____

If parent/guardian is unavailable, please call:

Name: _____ Phone :(____) _____

Medical Insurance: Yes/No

Insurance Co: _____ Policy number: _____

Check any of the following past or present conditions that apply:

Diabetes Heart murmur Internal organ injury High blood pressure

Hepatitis Asthma Bleeding disorder Serious neck injury Surgery

Other: _____

If you checked any of the above, please explain: _____

_____ Allergies: _____

Are you currently taking any prescription or over the counter medications (including inhaler or epipen)? If yes please list: _____

Please list any surgeries in the past 5 years: _____

If you have ever had a head injury, complete the following Questions:

Were you seen by a physician? Yes/No Were you hospitalized? Yes/No

How many concussions have you had? _____. On what date(s): _____

(Signature of consent located on next page)

Parent consent:

I/We understand that when the performance groups travel that there is the rare potential for injury; even disability or death can occur on rare occasions. I/We release the Lake Stevens School District and staff from liabilities and claims from injuries that may occur during a practice, performance, or event. If the parents/guardian named above cannot be reached in the event of a serious injury, the need for major surgery, or significant medical emergency, permission is granted to seek medical attention necessary to treat in the student named below.

I/We hereby give my student permission to attend and be transported, by means of private or district transportation, to all events, festivals, competitions, and performances as per the LSHS Band Calendar.

I/We understand that when a private vehicle is used for transporting students to and from District activities, the private operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition and operating the vehicle within the rules set by the State of Washington. I understand that when a private vehicle is used to transport students to and from District-sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident. I agree to protect, indemnify, and hold harmless Lake Stevens School District, its elected and appointed officials, employees, agents, and staff for any and all claims or less directly attributable to the use of private vehicle transportation as described herein, except for the sole negligence of the Lake Stevens School District.

(Please initial next to your selection yes or no)

I/We (parent/student) also give our consent for our student to attend all listed events (see band calendar). Yes___ No___ (initial)

I/We (parent/student) also give our consent to allow medical care to be rendered to our student in case of emergency. Yes ___ No _____ (initial)

I/We (parent/student) also give our consent to be transported by private vehicle. Yes___ No___ (initial)

I certify that I am the parent or legal guardian of _____
(Student Name)

and that I have read and understand all of the above information.

Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Student name (Printed): _____

Student Signature: _____ Date: _____

This form to be on file at the
student's home school

*If any changes occur, it is the responsibility of the student and parent to
contact the school.*