

**2020 SOHS MARCHING BAND**  
**FORMS CHECKLIST**

The following forms are due by May 15. Students may not participate in band camp unless all forms are turned in.

\_\_\_\_\_ Grade/Attendance/Good Citizen Contract

\_\_\_\_\_ Permission to Participate and Release

\_\_\_\_\_ Field Trip Permission Form and Release

\_\_\_\_\_ Drug Testing Consent Form

\_\_\_\_\_ SOHS Marching Band Directory Information

\_\_\_\_\_ Competition Volunteer Request Form

\_\_\_\_\_ Optional - SOHS Volunteer Background Check Form - Any freshman parent who plans to volunteer in any way needs to fill this out. Upperclassman parents only need to fill this out if you have not filled one out at SOHS previously in the last 5 years (forms are good for 5 years). **Please note \$10 fee (checks payable to SOHS) needs to be turned in with this form.**

\*In addition to these forms the season fee of \$600 is due July 13. **Make all checks payable to SOHS and turn into Mr. McAllister.**

Grade/Attendance/Good Citizen Contract

As a member of the South Oldham High School Marching Band I agree to the following policies:

- 1) I understand that I must maintain good academic standing in all my classes and must meet the SOHS grade eligibility requirements for participating in extra-curricular activities. These requirements include:
  - have and maintain a 2.0 (or better) GPA each grading term based on an unweighted 4.0 grading scale,
  - be passing a minimum of 5 out 7 classes each term, and
  - be at their proper grade level
- 2) I understand that my attendance at practices and performances is critical to the success of the group. I have looked over the calendar for the marching band season and agree to attend all listed performances barring unforeseen emergency circumstances. I understand that consequences for frequent absences from practices and performances may include having to sit out for performances or even dismissal from the marching band.
- 3) I will represent the South Oldham Marching Band as a good citizen in the way I talk and act in practices, in school, and in the community.
- 4) I will represent myself and my band as a good citizen with the choices I make regarding language, smoking (tobacco, e-cig, and vap), drugs, alcohol, and any substance that is not a healthy choice and will compromise my performance in the band.
- 5) I will represent myself and the band as a good citizen with all online and social media posts and text messages.

\_\_\_\_\_

Student Signature Date

\_\_\_\_\_

Parent Signature Date

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 9060-F**

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

School Year: 2020-2021

The undersigned as parent/guardian of student \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Student's Name) (Birthdate)

hereby grants permission for my child to participate in the following activities, including practices and competitions:  
(Check all that apply)

- |                                       |  |                                   |                                     |   |
|---------------------------------------|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Archery      | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf     | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Wrestling                  |
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Dance         | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis     | <input type="checkbox"/> Bowling                    |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Field Hockey  | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Track      | <input type="checkbox"/> Other <u>Marching Band</u> |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football      | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other _____                |

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intra-murals. Participation will be denied until insurance coverage is verified.

\_\_\_\_\_  
Insurance Company (Indicate Private or Student Accident Insurance) Policy Number

The undersigned consent to the OCBE and its representatives to use and disclose necessary personally identifiable information from the student's education records to third parties, including coaches, trainers and medical facilities for the purpose of receiving proper and necessary medical care and complying the OCBE policies and regulations, without such disclosure being a violation of FERPA.

**I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.**

\_\_\_\_\_  
(Signature of Parent/Guardian)(Circle One) (Date) (Parent Day Phone #)

\_\_\_\_\_  
(Signature of Student Required if 18 years or older) (Date) (Parent Evening Phone #)

Other Emergency Contact In Event Parent Cannot Be Reached: \_\_\_\_\_

Phone \_\_\_\_\_

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 4055.01-F**

**FIELD TRIP PERMISSION FORM AND RELEASE**

Related to Board Policy 4055

The undersigned parent/guardian of \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Student's Name Birthdate

hereby grants permission for the above named student to participate in the following field trip; including all organized activities and transportation:

Date: 2020-2021 School Year Fee (if any) Part of Yearly Fee

Trip Description/Location: Marching Band Competition and Parades

Supervising Staff Member: Ryan McAllister and Marching Band Staff

Approximate time of departure TBA.

Approximate time of return TBA.

Purpose (state expected learning outcome or recreational) Attend Marching Band

Competitions and Parades

Transportation will be by \_\_\_\_\_ Commercial Bus  School Bus Other \_\_\_\_\_

Students must have proof of private insurance or student accident insurance to participate in co-curricular or extra-curricular activities or field trips away from school.

\_\_\_\_\_/\_\_\_\_\_  
Name of Insurance Carrier Policy Number Group Number

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of \_\_\_\_\_ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent/Guardian (Circle One) \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

- Adopted: March 16, 1981
- Revised: July 17, 1983
- Revised: February 22, 1993
- Revised: February 10, 1998
- Revised: August 15, 1998
- Revised: September 1, 1998
- Revised: June 23, 1999
- Revised: July 14, 2000
- Revised: June 26, 2006

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9090.01-F**

STUDENT and PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS  
FOR RANDOM DRUG TESTING

**Relates to:      OCBE Policy 9090, OCBE Administrative Reg. 9090.01-AR**

The undersigned hereby consents for himself/herself or for his or her son/daughter to undergo urinalysis testing for the presence of drugs for a calendar year in accordance with the Oldham County Board of Education (OCBE) Drug Testing Program and pursuant to OCBE Policy 9090 and OCBE Administrative Regulation 9090.01-AR.

The undersigned understand that this testing will occur according to the guidelines of the random drug testing procedure, 9090.01-AR.

The undersigned understand that any urine samples will be sent only to Baptist Healthcare Affiliates, Inc. d/b/a Baptist Hospital Northeast and/or Baptistworx, hereinafter referred to as “Baptist Hospital Northeast,” the licensed medical laboratory selected by the OCBE for actual testing, and that the samples will be coded to provide confidentiality.

The undersigned hereby gives consent to Baptist Hospital Northeast, its doctors, employees or agents, together with any clinic, hospital or laboratory designated by Baptist Hospital Northeast to perform urine tests for the detection of drugs.

The undersigned further gives permission to Baptist Hospital Northeast, its doctors, employees or agents, to release all results of these tests to the OCBE Director of Pupil Personnel (DPP) or his designee. These results will also be made available to us if a second (confirmation) test indicates the presence of a drug(s). In the event that the testing confirms a positive result, we further authorize the DPP to release these results to the appropriate Principal and, for students in extracurricular activities, the Coach or sponsor. If taking prescription or over-the-counter medication, or herbal supplements or vitamins that may impact the results of the drug testing, we agree to either consent to the release of this information to the OCBE, or to provide any requested medication information within 5 business days of the OCBE’s request for such information.

We understand that this Consent is effective for twelve (12) calendar months from the date of signing for students participating in competitive extra-curricular activities. Students in the voluntary program will be eligible for testing between the date of signing and the last day of the current school year.

We understand and agree that for students, the OCBE will be responsible for the cost of randomly-performed drug tests.

We hereby release the OCBE, its members, employees and agents and Baptist Hospital Northeast, its doctors, employees and agents from any legal responsibility or liability for the release of such information and records as authorized by this form.

- Extra-curricular program participant
- Voluntary program participant

\_\_\_\_\_  
Printed Name of Student

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

Adopted: July 1, 1998  
Revised: July 14, 200  
Revised: May 3, 2001  
Revised: July 18, 2006  
Revised: Jan. 23, 2007  
Revised: July 14, 2009  
Revised: January 14, 2010  
Revised: January 20, 2010  
Revised: March 2, 2010

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

## SOHS Marching Band Directory Information

With your permission, the following information will be published in a Marching Band Directory that will be distributed ONLY to the parents and students of the SOHS Marching Band. The information will be used so that marching band staff, parents and students may contact each other about important information regarding the band.

**Student Name:** \_\_\_\_\_  
**Student Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Phone #:** Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
**Student Email:** \_\_\_\_\_  
**Fathers Name:** \_\_\_\_\_  
Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Email \_\_\_\_\_

**Mothers Name:** \_\_\_\_\_  
Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Email \_\_\_\_\_

### Please check each item you wish to have printed in the directory:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Student Name          | <input type="checkbox"/> Fathers Name          | <input type="checkbox"/> Mothers Name          |
| <input type="checkbox"/> Student Address       | <input type="checkbox"/> Fathers Work #        | <input type="checkbox"/> Mothers Work          |
| <input type="checkbox"/> Student Home Phone    | <input type="checkbox"/> Fathers Cell Phone    | <input type="checkbox"/> Mothers Cell Phone    |
| <input type="checkbox"/> Student Cell Phone    | <input type="checkbox"/> Fathers Email Address | <input type="checkbox"/> Mothers Email Address |
| <input type="checkbox"/> Student Email Address |  |  |

- \_\_\_\_\_ I grant the SOHS Marching Band Boosters permission to publish this information in SOHS Marching Band directory to be distributed to parents and students of the SOHS Marching Band.
- \_\_\_\_\_ I do not grant permission for this information to be published in the SOHS Marching Band Directory.

\_\_\_\_\_  
**Father's Signature/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's Signature/Guardian**

\_\_\_\_\_  
**Date**

# COMPETITION VOLUNTEER FORM

On Saturday, October 10th we will be hosting a marching band competition. Approximately 2500 people are on our campus for this event, making it our most lucrative fundraiser. All students are expected to work the day of our competition and will be assigned a job by the Volunteer chair. However, to have this event run smoothly for all of our guests and visiting bands, we depend on our students' families to also participate. Middle/High school siblings can earn BETA hours for working this event. Please sign up for your top 3 preferences below (Number 1 to 3). Thank you!!!

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

Family Member #1

Family member #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Admissions \_\_\_\_\_

Admissions \_\_\_\_\_

Concessions \_\_\_\_\_

Concessions \_\_\_\_\_

Dressing Room \_\_\_\_\_

Dressing Room \_\_\_\_\_

Environmental \_\_\_\_\_

Environmental \_\_\_\_\_

First Aid \_\_\_\_\_

First Aid \_\_\_\_\_

Hospitality \_\_\_\_\_

Hospitality \_\_\_\_\_

Parking \_\_\_\_\_

Parking \_\_\_\_\_

Security \_\_\_\_\_

Security \_\_\_\_\_

Any \_\_\_\_\_

Any \_\_\_\_\_

Brief job descriptions:

Admissions – admission ticket and program sales

Concessions – work at one of two concession stands

Dressing Room – set up and monitor dressing rooms for visiting band members

Environmental – monitor and pick up trash throughout the campus

First Aid – provide basic first aid to students/visitors or monitor a water station

Hospitality – set up and monitor meals in rooms for judges, staff, and bus drivers

Parking – direct the flow of traffic in parking lots

Security – monitor designated areas of concern or spectators entering stadium bleachers

Any – would be willing to work in any area needed

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**PLEASE SAVE THE DATE: Saturday, October 10, 2020**



MITCHELL IRVIN  
Associate Principal/Athletics

KEITH BLACKBURN  
Associate Principal

TIM CALDWELL  
Associate Principal

ASHLEY WEBB  
Assistant Principal

SHANNEN MONEY  
Office Manager

LORI FERRIELL  
Guidance Counselor

HEATHER WATKINS  
Guidance Counselor

COURTNEY SWAIN  
Guidance Counselor

JEANNINE KONESKO  
Guidance Registrar

SHARON REDMON  
ECS Coordinator

DIANE TROTTER  
Bookkeeper

MELISSA WOOSLEY, Principal

## South Oldham High School

5901 Veterans Memorial Parkway  
Crestwood, Kentucky 40014  
(502) 241-6681 • Fax (502) 241-0955

### 2018/2019 VOLUNTEER

Dear Parent:

During the 2000 Session of the Kentucky Legislature, a law was passed requiring all schools to obtain criminal records checks on adult volunteers. The law considers a volunteer to be any adult who assists teachers, administrators, or other staff in public school classrooms, schools, or school district programs, and who does not receive compensation for their assistance. The criminal records check is required on all volunteers who have contact with students on a regularly scheduled or continuing basis, or who have supervisory responsibility for children at a school site or on school-sponsored trips. The request of records will be made online to the Administrative Office of the Courts (AOC) through their AOCFastcheck. You can be assured that the AOC, this school and the school district will take steps to maintain the confidentiality of this information. Additionally, this information will be used only for the purpose of volunteering in the school.

Adult volunteers are essential to our school in many ways and we greatly value you and any assistance you provide to us. Please know that this mandated criminal records check is being performed to ensure the safety of school children. We certainly appreciate your understanding of and cooperation with this request.

If you desire to serve as a volunteer at this school, please complete the information below (which includes only that information needed by the AOC to perform the records check). **An AOC fee of \$10.00 will need to be paid prior to running the criminal records check.** Please return this form, along with the \$10.00 fee (make checks payable to SOHS), marked "Confidential," to **Shannen Money** at the above address. Thank you so much for the contributions you make to South Oldham High School.

Sincerely,

*Melissa Woosley*  
Melissa Woosley  
Principal

**Please Print**

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Maiden Name or Alias Names (Separate each name with a comma.) \_\_\_\_\_

STUDENT Name associated with this person: \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ DLN \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List other Oldham Schools in which you volunteer and have a current background check on file (to avoid duplicate checks):

