

**2024 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

\_\_\_\_\_ Waiver of Liability and Hold Harmless for Communicable Diseases Including COVID-19

\_\_\_\_\_ Marching Band Information Form (Can be found on website – [www.sohsmarchingband.com](http://www.sohsmarchingband.com) under marching band forms)

\_\_\_\_\_ 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 \$100 deposit is due May 15 and \$550 is due July 8.  
**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 as outlined in the SOHS Marching Band Handbook.
- 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 vapes), 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.

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Student Signature	Date
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Parent Signature	Date
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**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PERMISSION TO PARTICIPATE AND RELEASE**

**9060F**

*Relates to Policy 9060*

School Year: \_\_\_\_\_

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 _____ |
| <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 #)*

Emergency Contact in the Event Parent Cannot Be Reached: \_\_\_\_\_

Phone \_\_\_\_\_

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**FIELD TRIP PERMISSION FORM AND RELEASE**

**4055.01F**

*Relates to: 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: 2024-2025 School Year Fee (if any): \$ Part of Yearly Fee

Trip Description/Location: Marching Band Competitions and Parades

Supervising Staff Member: Ryan McAllister and SOHS 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 or Common Carrier School Bus
- OCS School Bus
- Other: \_\_\_\_\_

Students must have proof of private insurance or student accident insurance to participate in co-curriculars 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, Kentucky, 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.

\_\_\_\_\_ / \_\_\_\_\_  
*Signature of Parent/Guardian Date*

\_\_\_\_\_ / \_\_\_\_\_  
*Phone Number Alternative Phone*

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

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

**9090.01F**

*Relates to: Policy 9090, 9090.01AR*

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, 9090.01AR.

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*

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

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

**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE  
DISEASES INCLUDING COVID-19**

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

Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent/ Guardian phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact, however transmission may occur from surface to person in some cases. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **South Oldham High School (“SOHS”) cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in a sport or activity. Participation in a sport or activity includes possible exposure to and illness, injury, or death from infectious diseases, including COVID-19.**

In consideration for providing my child the opportunity to participate in a SOHS sport or activity and any related transportation to and from athletic or activity events, both my child and I voluntarily agree to waive and discharge any and all claims against SOHS and the District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of SOHS or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the Oldham County Board of Education, the individual members thereof, and all officers, agents, employees, volunteers, insurers and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in a sport or extracurricular activity.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

**I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in a SOHS sport or activity, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District and Board from all liability for any loss regardless of cause, and claims arising from the student's participation in the sport or activity.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## 2023-2024 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  
Principal

<b>PLEASE PRINT and COMPLETE ALL SECTIONS</b>
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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):