

Greetings Parents / Guardians,

Welcome to the Riverview High School Kiltie Band! We are excited about having your student join the Kilties. In order for your student to participate, we are asking for you to please fill out the following required packet of information / forms. Your student should return these forms to the band office (preferably no later than our camp July 26 – July 30). If you have any questions, please call 923 – 1484, x. 64272 and ask for Tina Asadorian. Thanks very much for your help!

---The RHS Kiltie Band Staff

- Page 1      **Field Trip Permission Form**  
This form is giving permission for your student to travel to our many football games, concerts, field trips to FBA events, out – of – county / out – of – state trips, etc. (as per Sarasota County School Board rules)
- Page 2      **Release For Out – of – County or Overnight Travel (for field trips)**  
This form **must be notarized by a public notary** and be on file for your student to participate in activities with the band, including football games (as per SCSB rule)
- Page 3      **Parent Release for Public / Commercial Transportation**  
This form **must be notarized by a public notary**. We will travel mainly by charter bus from a SCSB – approved list of companies. On trip years, we will fly with a commercial airline which is TBA until needed (as per SCSB rules).
- Pages 4, 5      **Private Vehicle Transportation & Statement of Insurance on Private Vehicle**  
Page 4 **must be notarized by a public notary**. These two documents are required but will only be used if it is necessary to transport students for a performance or event that requires parents to use their own vehicles.
- Pages 6, 7      **Medication / Treatment Authorization Form**  
These forms need to be on file with us for student travel after school hours if over – the – counter medication is needed for your student (on away games, overnight trips, etc.). For prescription medications, call the RHS clinic.
- Page 8      **Emergency Medical / Treatment Consent Form for Field Trips**  
In the case of serious illness or injury where immediate care is needed, we will have the proper information for emergencies (as per SCSB rules).
- Page 9      **Chaperone Guidelines** (optional but appreciated).  
As a Sarasota County School Board Chaperone, you will agree to guidelines set forth by the county. This form must be on file with the band office before you will be allowed to chaperone. You must also be registered through the SCSB in the PALS system to be cleared to chaperone (as per SCSB rules).
- Page 10      **RHS Kiltie Booster Volunteer Registration Form** (optional but appreciated)  
Parents / guardians interested in volunteering, please fill out this form so that you can be updated with information and our newsletter during the school year.

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**FIELD TRIP PERMISSION**

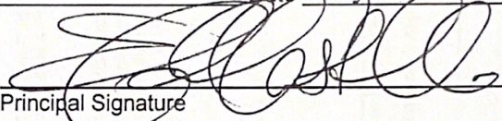
**Instructions:** Complete and return this form to the school. It must be returned to the school before student will be allowed to participate in this activity. The Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities form must also be on file at the school before your student will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/coach or interscholastic activity sponsor. A detailed itinerary is attached if the field trip extends beyond the school day.

School Riverview High School

Date May 25, 2021

Erin del Castillo

Principal Name (Print)

  
Principal Signature

**FIELD TRIP INFORMATION**

Purpose Permission for your student to travel for off campus events

Destination Field trips, in / out of state trips, MPA Festivals, concerts, parades, football games

Time/Date of departure TBA - Specific information to be announced before each trip

Time/Date of return \_\_\_\_\_

Leaving from RHS Returning to RHS

Means of transportation Charter Bus, School Bus, Airline - TBA depending on trip

Meal arrangements TBA

Cost to students TBA

If financial assistance is needed, contact \_\_\_\_\_

**FIELD TRIP PERMISSION**

I, \_\_\_\_\_, give my permission  
Parent/Guardian Name (Print)

for \_\_\_\_\_, to participate in the field trip  
Student Name (Print) DOB

to \_\_\_\_\_ (destination) on \_\_\_\_\_ (date).

The phone number where I can be reached during this field trip is \_\_\_\_\_.

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national, or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release The School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses, including attorneys' fees, resulting in any way from participation in the field trip described above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS**

**Instructions:** Form must be signed and notarized and returned to child's school. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) \_\_\_\_\_ School Year \_\_\_\_\_  
Address \_\_\_\_\_ DOB \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ Policy Group Number \_\_\_\_\_

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Athletic Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity or curricular field trips. For this reason it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school.
2. I/We, will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Athletic Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any approved school related trip. **This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of Sarasota

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Name of Person Making Statement)

The foregoing instrument was acknowledged by \_\_\_\_\_ personally know to me, or \_\_\_\_\_ produced Identification Type of Identification \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Name of Notary Public: Print, Stamp, or Type as Commissioned \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Commission Number \_\_\_\_\_

RET: Master, ESY, GST 37  
Dupl., OSA

064-96-DIS  
Rev. 4-26-2016

**Notarize**

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RISK MANAGEMENT  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

PARENT RELEASE FOR TRANSPORTATION PROVIDED THROUGH  
PUBLIC/COMMERCIAL TRANSIT SYSTEM  
(I.E. AIRLINES, RAIL, CRUISE LINES)

**Instructions:** Complete this form and have the signature notarized. Return the form to the school with the completed Field Trip Permission Form. Both forms must be on file at the school before your student will be allowed to participate in this activity.

I, \_\_\_\_\_, understand and accept responsibility for my  
Parent/Guardian Name (Print)

student, \_\_\_\_\_, to participate in the field  
Student Name

trip to \_\_\_\_\_ as specified on the Field  
Destination

Trip Permission Form using the identified public or commercial transit system. I agree to release and hold harmless The School Board of Sarasota County, Florida, its employees, and agents from liability for all claims, judgments, costs, or other expenses, including attorney fees, arising out of the bodily injury or property damage resulting in any way from my student using any means of public or commercial transportation.

\_\_\_\_\_  
Parent/Guardian Signature Date

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Personally known \_\_\_ Produced identification \_\_\_ Type of Identification Produced \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or Printed Name of Notary Public

My Commission Expires \_\_\_\_\_ Commission No. \_\_\_\_\_

Distribution: Original – Student File

Copy – Parent/Guardian

RET: Master, ESY, GS7 37  
Dupl., OSA

068-14-FIN  
Rev. 6-23-2015

Notarize

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RISK MANAGEMENT  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

PRIVATE VEHICLE TRANSPORTATION PERMISSION

**Instructions:** The School Board will not be providing bus transportation for certain field trips/athletic events during the school year. Instead, the school may try to arrange alternate transportation using private vehicles driven by parents or other adults. If you agree to allow your student to be driven to/from field trips/athletic events in a private passenger vehicle, complete this form, have it notarized and return it to the school. This form must be signed and returned to the school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle.

**Private Passenger Vehicle Transportation**

I, \_\_\_\_\_ give my permission for  
Parent/Guardian Name (Print)

\_\_\_\_\_ to be transported to/from field trips/athletic  
Student Name (Print)

events in a private passenger vehicle during the 20\_\_ - 20\_\_ school year. The phone number(s) where I can be reached during this school year is(are) \_\_\_\_\_

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

\_\_\_\_\_  
Date

State of Florida  
County of Sarasota

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by

\_\_\_\_\_  
(Name of Person Making Statement)

The foregoing instrument was acknowledged by \_\_\_\_\_ who is:

\_\_\_\_\_ Personally known to me, or

\_\_\_\_\_ Produced identification consisting of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Name of Notary Public (print, stamp, or type as commissioned)

My Commission Expires \_\_\_\_\_

Commission Number \_\_\_\_\_

RET: Master, ESY, GS7 37  
Dupl., OSA

063-12-FIN  
Rev. 6-23-2015

NOTARIZE

4

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RISK MANAGEMENT  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

STATEMENT OF INSURANCE ON PRIVATE VEHICLES

**Instructions:** This form is required by Florida Statute 1006.24(4). Complete the form and attach a copy of your insurance coverage card and return to your student's school.

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

The School Board of Sarasota, Florida, requires proof of insurance coverage in force on all private vehicles, prior to and during their use for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups being transported include, but are not limited to, students, coaches, sponsors, faculty and chaperones.

This form is to be completed for each private vehicle used and is valid for the school year in which filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

School \_\_\_\_\_ Date \_\_\_\_\_

Driver Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

Driver's Florida Operator's License Number \_\_\_\_\_

This is to certify that insurance policies, subject to their terms, conditions and exclusions, are at present in force with the company indicated.

Name of Insured(s) (Print) \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Policy Period From \_\_\_\_\_ To \_\_\_\_\_ Identification No. \_\_\_\_\_

And that the same provides for personal Injury protection in a sum of not less than \$10,000 and liability coverage of \$100,000 bodily injury per person, \$300,000 per occurrence, and \$50,000 property damage.

Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

I certify that the above information is correct.

Owner Name (Print) \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

I have verified the above information to the field trip activity. This form will be maintained in the principal's office.

Principal/Designee Name (Print) \_\_\_\_\_ Principal/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICATION/TREATMENT AUTHORIZATION

**Instructions:** For medical/treatment administration during school hours, read the below requirements.

If your child needs to have medication(s)/treatment(s) given during the school day, state regulations and school board policy require that you and your doctor provide written permission for administration of both prescribed and over-the-counter medication(s) or treatment(s).

Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug.

- ♦ **Prescribed medications** must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor's name. The label information must match the physician's order.
- ♦ **Over-the-counter medications** must arrive in the original, unopened store-issued container. Take the time to label the container with your child's full name and birth date, the date you send the medication to school and the dosage prescribed by the doctor.
- ♦ The Medication/Treatment Authorization Form on the reverse side of this document must be completed entirely and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. **Both a parent/legal guardian and the prescribing doctor must sign the form.** Staff will not be able to administer medications to your child without this **written consent**.
- ♦ The parent, legal guardian, or an authorized adult must hand carry medications to the school health room. The medication brought into the school health room must match the prescribed medication amount. For example, if the prescribed amount is ½ tablet, then it is the responsibility of the pharmacy/parent to cut the tablets. The health room aide upon receipt will verify the quantity of each medication. **Albuterol and Epinephrine Auto-Injectors must be delivered in the original box with the pharmacy label. Do not send medications to school with your child.**
- ♦ The RN at your child's school may need to call the doctor's office for medication/treatment clarification.

The parent or legal guardian will need to pick up the medication at the end of the school year or if the medication is discontinued or changed during the school year. **If the medication is not picked up, it will be discarded.**

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA and  
 FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY  
 SCHOOL HEALTH SERVICES  
 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

**MEDICATION/TREATMENT AUTHORIZATION**

**Instructions:** Read instructions on page 2 prior to completing the form.

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Student No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**The following section is to be completed by the parent or legal guardian.**

I hereby grant permission to the principal or his/her designee of \_\_\_\_\_ School to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.1006.062). **It is my responsibility to notify the school if and when these orders change.** I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

List student allergies \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following section is to be completed by the prescribing physician**

**A separate form must be completed for each medication or treatment prescribed.**

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given in school. I am aware that trained non-medical staff may administer this physician prescribed service.

**This order is to be effective for the school year: 20\_\_ - 20\_\_ or earlier stop date \_\_\_\_\_.**

Diagnosis (for this medication/treatment)			
Treatment			
Name of Medication	Brand	Generic	Strength (i.e. mg/tab)
Instructions to give		Amount (i.e. No. of tablets or teaspoons)	Time(s)
		Frequency (i.e: q 6 hrs PM)	Duration (i.e: 10 days)
Route <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Subcutaneous <input type="checkbox"/> I.M. <input type="checkbox"/> Inhaled <input type="checkbox"/> Other (describe)			
Time medication is given at home (if applicable)			
Possible side effects			
Is student authorized to carry and use asthma inhalation medication or Epinephrine Auto-Injector? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student been instructed in the use of asthma inhaler or Epinephrine Auto-Injector? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is student authorized to carry and self-administer pancreatic enzymes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student been instructed in the use of pancreatic enzymes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Information			
Physician Name _____			
Office Address _____		Phone _____	Fax _____
Physician Signature _____		Date _____	
Medication order reviewed by school RN _____			Date _____
Medication stopped by Parent/Guardian Signature _____			Date _____



THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS  
AND/OR OTHER AFTER SCHOOL ACTIVITIES**

**Instructions:** Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Last First Middle \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Street City Zip

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Address of above (if different) \_\_\_\_\_ Street City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Is above student allergic to foods, medications, or insects?  Yes  No

If Yes, list what they are and emergency medication/treatment, if any. \_\_\_\_\_

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)?  Yes  No

If Yes, list and describe medical requirements for field trip \_\_\_\_\_

Does the above student take any daily medication(s)?  Yes  No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered \_\_\_\_\_

Family Physician Name (Print) \_\_\_\_\_ Physician Phone \_\_\_\_\_

In case of non-life threatening emergency, list hospital preference \_\_\_\_\_

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

**I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RET: Master, ESY, GS7 37  
Dupl., OSA

Distribution: Original - Office Yellow - Teacher

063-96-DIS  
Rev. 8-16-2016

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BLVD., SARASOTA, FL 34231  
PHONE (941) 927-9000

CHAPERONE GUIDELINES

**Instructions:** Complete and return this form to the school Field Trip/Event Sponsor.

School \_\_\_\_\_ Field Trip/Event Sponsor \_\_\_\_\_

Field trip destination \_\_\_\_\_

Departure date/time \_\_\_\_\_ Return date/time \_\_\_\_\_

The primary purpose of a field trip or school-sponsored activity is to enrich students' education. All school sponsored events, educational field trips, and other school sponsored student travel must be adequately supervised and chaperoned. As approved by the principal, the faculty member will be designated as sponsor, and other staff members or parents will be designated as chaperones. The sponsor is responsible for informing the accompanying adults of their duties and responsibilities. The safety of students is the primary concern. For this reason, the following guidelines have been developed outlining the responsibility of all chaperones.

As a Sarasota County School Board Chaperone, I agree to uphold the following guidelines:

1. Recognize that the Field Trip/Event Sponsor is ultimately responsible for all students. His/her directions must be followed by both students and chaperones
2. Understand that students must be kept under close adult supervision at all times. Chaperones are to report issues or concerns immediately to the sponsor. chaperones are on duty the entire time they are away from the school campus and must be willing to adhere to the guidelines
3. Assist the sponsor in making sure that all students are accounted for during the trip or activity, especially prior to leaving the field trip location or dismissing of students following the activity
4. Acknowledge that trips or events extending beyond regular school hours means that the sponsor and chaperones are responsible for students until they are released to parents
5. Agree that smoking and the use of alcoholic beverages are not permitted for any individual (adult or student) participating in a school sponsored activity according to the Sarasota County School Board Safe & Drug Free Schools policy
6. Comply with and meet the background check requirements for Sarasota County School Board volunteers/chaperones and agree to abide by the District Volunteer Guidelines

If the field trip or school sponsored activity is cancelled due to changing state, national, or international conditions, the School District cannot assume responsibility for any personal financial loss. I release The School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees resulting in any way from participation in the field trip described above.

\_\_\_\_\_  
Chaperone Name (Print)

\_\_\_\_\_  
Chaperone Signature

\_\_\_\_\_  
Date

RET: Master, ESY, GS7 37  
Dupl., OSA

072-01-DIS  
Rev. 10-16-2014

**RHS Kiltie Booster Volunteer Registration Form**

**School Year: 2021 – 2022**

**1<sup>st</sup> Parent / Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Areas of Interest (Please circle all that apply)**

Concessions      Concessions Grill      Chaperone      Field Crew  
Media Relations      Fundraising      Kiltie Store      Senior Banquet  
Senior Banquet      Other: \_\_\_\_\_  
Special Skills or Requests: \_\_\_\_\_

**2<sup>nd</sup> Parent / Guardian Name (if applicable):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Areas of Interest (Please circle all that apply)**

Concessions      Concessions Grill      Chaperone      Field Crew  
Media Relations      Fundraising      Kiltie Store      Senior Banquet  
Senior Banquet      Other: \_\_\_\_\_  
Special skills or requests: \_\_\_\_\_

We ask that every volunteer work a minimum of one game in concessions (or field crew), be PALS approved, and attend a training session annually in order to be permitted to chaperone games, concerts, events, and / or trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_