

PHSN Band Acknowledgement Form
(Form Due June 1, 2008)

I have carefully reviewed the school rules, regulations, and guidelines regarding school activities, as explained in the Pickerington North Student Handbook and the PHSN Band Handbook. I understand that these rules will be in effect at all band activities including those activities not held on school grounds. *The rules governing band activities are not made to detract from the fun and enjoyment of participation in band. They have been put in place to protect students and ensure a safe, productive, and enjoyable experience for all participating students.* We would remember our participation for the wrong reasons if someone were to be seriously injured or represent our school poorly.

If there is a question about permission to do something,

ASK FIRST!
THINK BEFORE YOU ACT.
DO NOT FORGET, YOU ARE RESPONSIBLE
FOR YOUR ACTIONS!

Failure to follow the rules may result in one of the following:

- Detention(s)
- QST(s) and/or Suspension
- Loss of performance privileges (including band travel)
- Suspension and/or loss of privileges to participate in the band program and its activities
- Other disciplinary action as deemed appropriate by the PHSN or PLSD administration

Although this course of action is not desired, it is the responsibility of band staff and school authorities to set guidelines and hold students accountable for improper behavior. Students who have performance privileges suspended, travel privileges suspended, and/or who are dismissed/drop-out from the band program are not entitled to any refund of band or trip fees.

*Make your participation in the band program something to be extremely proud of.
Take pride in our band, school, community, parents, and most importantly yourself!*

I understand and agree to abide by the rules set forth in the PHSN Student Handbook and the PHSN Band Handbook. I also understand that it is my responsibility to follow through with all of my academic and financial commitments in order to be eligible to participate in the PHSN Band Program.

(Student Signature)

(Parent/Guardian Signature)

(Print Student Name)

(Print Parent/Guardian Name)

**I UNDERSTAND THAT THIS FORM MUST BE SIGNED, RETURNED, AND
ALL BAND FEES MUST BE PAID IN ORDER FOR MY STUDENT TO
PARTICIPATE IN ANY REHEARSALS OR PERFORMANCES.**