

School Program Participation Contract

I wish to join the **Park Vista Community High School Concert/Jazz Band** Program. I have been provided information about the rehearsal and performance schedule, the responsibilities associated with participation (including attendance policy and member expectations) and the *fees* associated with membership in this program.

By signing this form, I understand and agree to the participation commitment involved in this activity and will make necessary arrangements in our family's schedule to allow for rehearsals, competitions and performances. Additionally, I understand that all Fair Share payments and all monies earned through fundraising are to cover expenses incurred based on each student's decision to become a **Park Vista Concert/Jazz Band** member and that all members are expected to fulfill their financial obligations in a timely manner as outlined in the Payment Schedule below.

Per Student Expenses for the 2019-2020 School Year Include:

Fair Share Amount: \$350

2019-2020 Payment Schedule:

August 1: \$70

September 1: \$70

October 1: \$70

November: \$70

December 1: \$70

I understand that even if my child/student withdraws from participation prior to the end of the year, I am still responsible for paying the entire Fair Share amount as well as any additional fees including uniforms and additional travel expenses related to the trips noted above as well as any other trips that are scheduled during the school year. ALL PAYMENTS ARE NON-REFUNDABLE. I further agree to pay all costs and expenses related to enforcement and collection if I do not pay my share of expenses.

I further understand that fundraising opportunities will be available to all students and families to help defray some of these expenses and students that are not current with their payments may be placed on an obligations list which may affect their ability to participate in other school related activities/programs including school proms and other graduation related activities.

I have read this Agreement and all policies detailed in the member handbook and I knowingly and voluntarily agree to all terms and conditions for participation in the **Park Vista Community High School Band** program.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please Print:

Student's name _____ Grade _____

Parent's name: _____ Phone Number: _____

Parent's email: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by: _____.

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Notary Seal:

Notary Signature

Notary Printed Name