WINTER PARK HIGH SCHOOL
2026-2027 BAND REGISTRATION
TUESDAY, MAY 12, 2026

Welcome to the 87th year of the Winter Park Band – we're so glad you're here!

Registration for the Winter Park High School Band's 2026 – 2027 school year will take place in the WPHS Main Campus Band Room on **Tuesday, May 12 between 6 PM and 9 PM.** Please note that Band Registration Night is different than the "course registration" done by guidance counselors in the winter, and it is ***for all new and returning Band students*****.**

The following forms are included here and should be turned in at the May 12 Registration Night:

- Emergency Treatment Authorization Card
- OCPS Model Release Form
- WPHS Bands Financial Obligations 2026/2027 *(specific for "Woodwind / Brass / Percussion," or "Color Guard / Winter Guard")*

The following forms are included here and must be uploaded into the FHSAA Athletic Clearance website as soon as possible before June 30, 2026:

- FHSAA EL2 Participation Physical Exam (*annual requirement for all students*)
- OCPS Cardiology Report: ECG Clearance (*one time requirement for incoming students)*

To help the event move smoothly, the schedule for Registration Night is arranged by grade (2026-2027 grade level). If possible, please attend during your scheduled time; however, if you are unable during the designated time, please attend any time that fits your schedule. This is a drop-in registration process and generally only takes a few minutes to complete. It will be helpful to have all registration paperwork completed before arriving to register.

Freshman:	**6:00 PM – 6:45 PM**
Sophomore:	**6:45 PM – 7:30 PM**
Junior:	**7:30 PM – 8:15 PM**
Senior:	**8:15 PM – 9:00 PM**

If you have any questions regarding the registration process, please e-mail Mike Clemente, Director of Bands, at michael.clemente@ocps.net.

Sincerely,

Mike Clemente
Director of Bands
Winter Park High School

Athletic Training Program:
Elaine M. Judy, LAT, ATC
Director of Athletic Training Services
elaine.judy@ocps.net

2100 Summerfield Road
Winter Park, FL 32792
Multipurpose Bldg. Rm. 714
Office: 407-622-3217
Fax: 407-622-3214

Physical Online Submission Instructions

All Sports, JROTC, Comp. Dance Teams, Marching Band and Guard

Important Information:

- **Processing Time:** Allow up to 2 school days for processing paperwork (2-3 weeks in summer). Same-day clearance is not possible.
- **Annual Clearance:** Online clearance is required before summer conditioning and at the beginning of each school year, even if the physical is still valid. Consent forms must be digitally signed, and medical information updated annually. **Your clearance is no longer valid after the last day of the school year.**
- **Resources:** See the WPHS Athletic Website for physical exam information and ECG locations.

Required Forms:

1. **FHSAA EL2 Preparticipation Physical Exam:**
   - Required annually, valid for 365 days.
   - Form: FHSAA.com - Parents - EL02 Form 2/26

2. **OCPS Cardiology Report: ECG Clearance:**
   - Required once before participation, valid throughout high school. ECG valid for 4 years of high school needs to be dated April of freshman year or later.
   - Form: OCPS Cardiology Form (use through 6/26 - new form coming 7/26)
   - Parents complete the top portion. For ECGs by Who We Play For, submit their email; all other providers must fill out the OCPS Cardiology Report Form.

Important Note: Keep hard copies of all forms. The ECG is valid for 4 years but must be uploaded each year with the physical.

Online Physical Submission Instructions:

1. Go to https://athleticclearance.fhsaahome.org/
   - **First-Time Users:** Create an account with a valid parent/guardian email and password **(parent/guardian email MUST be used)**.
   - **Returning Users:** Enter login information. Use the same account to retain prior information (e.g., ECG Date).
2. Sign in with your parent/guardian email.
3. Select "Start Clearance Here or Add New Clearance."
4. Choose:
   - School Year: 2025-2026 **(2026-2027 School Year will open in May 2026 – this must be completed for summer conditioning)**
   - School: Winter Park High School
   - Sports: Select ALL potential sports (harder to add later).
5. Complete all fields: Student Information, Parent/Guardian Information, Medical History, Signature Forms (exact match to previous information, case-sensitive).

6. **Upload Required Forms:**
   - **Physical on FHSAA EL2 (NEW FORM REVISED 2/26):** Upload Page 4.
     - Frequently Missing – Please check: parent/student signatures, doctor's date/signature, and doctor's office stamp with address.
   - **OCPS Cardiology Report: ECG Clearance:** **Use until 6/26 – NEW FORM STARTING 7/26**
   - This form MUST be filled out. Parents complete the top portion. Submit the Who We Play For email if applicable; otherwise, use the OCPS Cardiology Report Form.
7. Click "Submit Your Completed Registration."
8. **Clearance Process:** The student is not yet cleared. The WPHS Athletic Training Department will review the submission.
9. You will receive an email notification from Athletic Clearance once the student is cleared.
10. **Processing Time Reminder:** Allow up to 2 school days for processing.
11. **Questions:** Use the yellow "Help" option at the bottom right of the screen.

Online Athletic Clearance FAQ

- **Username:** Your email address used for registration.
- **Existing Clearance:** It's stored as a "folder" for that year; you can access it to upload files.
- **Multiple Sports:** Add all sports during initial registration. Adding later requires a new clearance.
- **Denial of Clearance:** Check your email for reasons and update accordingly. Contact the Athletic Training Department if not reviewed after 2 school days.
- **Clearance Status:** The school will review and update the status; you'll receive an email when cleared.
- **Form Copies:** Keep hard copies. The ECG is valid for 4 years but must be uploaded yearly with the physical. Download the physical form from the Medical History page or get copies from the WPHS 9th Grade Center or Main Campus front office.
- **File Storage & Help:** Uploaded files are stored for future access. Use the yellow "Help" option at the bottom right for assistance.

As per FHSAA Policy, all student-athletes are required to annually complete the following NFHS Learn courses before participation. All courses are FREE.

Required Courses:

- **Heat Illness Prevention**
- **Concussion for Students**
- **Sudden Cardiac Arrest**
- **Sportsmanship **NEW REQUIREMENT FOR 25-26****

Course Ordering

Step 1: Go to www.nfhslearn.com

Step 2: "*Sign In*" to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, "*Register*" for an account under the students name. Each student must have their own individual account under their name.

Step 3: In the search bar, type in each course.

Step 4: Select "*Myself*"

Step 5: Select "*Florida*"

Step 6: Select "*Start Learning*"

Step 7: Courses will be added to your dashboard under "*My Courses*"

Step 8: Select "*Begin Course*"

Submitting a Certificate

Step 1: Go to www.nfhslearn.com

Step 2: "*Sign In*" to your account using the e-mail address and password you provided at time of registering.

Step 3: From your "*Dashboard*," click "*My Certificates*".

Step 4: Locate the course, click on "*Download Certificate*"

Step 5: Submit the downloaded file into Athletic Clearance under its corresponding location in the file upload section.

Certificates must have the students name on them. Certificates with any other name will not be accepted. Completion of courses is an annual requirement. They must be completed every school year for clearance.

PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2

Revised 2/26

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___ /___ /_____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ City/State: _____ Home Phone: (_____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____ Relationship to Student: _____

Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____

Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

List past and current medical conditions:

_____

Have you ever had surgery? If yes, please list all surgical procedures and dates:

_____

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

_____

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

_____

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

	GENERAL QUESTIONS Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No
1	Do you have any concerns that you would like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
	HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		

	HEART HEALTH QUESTIONS ABOUT YOU *(continued)*	**Yes**	**No**
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminerigc polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form is not considered valid unless all sections are complete.

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2

Revised 2/26

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
MEDICAL QUESTIONS		**Yes**	**No**
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS *(continued)*		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ *(printed)* Student-Athlete Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ *(printed)* Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ *(printed)* Parent/Guardian Signature: _____ Date: ___ / ___ / ___

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2
Revised 2/26

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: **Weight:**

BP: / (/) **Pulse:** **Vision:** R 20/ L 20/ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date of exam.

EL2
Revised 2/26

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___ /___ /_____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (_____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp - *REQUIRED BY OCPS*

Medications: *(use additional sheet, if necessary)*

List: _____

_____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

_____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian:_____ Date: ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test.

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction after clearance by medical specialist for:_____

(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/2S for documentation.)

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

_____

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

This form is not considered valid unless all sections are complete.

CARDIOLOGY REPORT: ELECTROCARDIOGRAM (ECG) CLEARANCE

ONLY USE THIS FORM UNTIL JUNE 30TH - NEW FORM EFFECTIVE 7/1/26

Parents/Guardians: An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. In accordance with School Board Policy JJ: Extracurricular Activities, The School Board of Orange County, Florida is requiring each student athlete wishing to participate in high school athletics to have 1 electrocardiogram (ECG) screening prior to participating in his or her first athletic sport in high school. **The initial ECG may be completed by any licensed physician, including a primary care physician, pediatrician, licensed physician assistant, or certified advanced registered nurse practitioner. If the ECG comes back ABNORMAL, the student may only participate after being cleared by a cardiologist or a pediatric cardiologist.**

STUDENT INFORMATION: (Please Print)

Student Name: _____ **Student ID#:** _____ **DOB:** _____

_____ _____ _____

Parent/Legal Guardian Signature **Parent/Legal Guardian Name Printed** **Date**

☐ **If your ECG was completed by Who We Play For, you can STOP here.** Submit the email you received from the organization to Athletic Clearance, along with the top portion of this form completed. Both the email and this form with the top completed must be submitted.

ECG's performed by a PCP, Urgent Care Center, or Walk-in Clinic must complete the form below

PHYSICIAN INSTRUCTIONS: This form is to be completed by an appropriate health care provider (AHCP) trained in the latest ECG interpretation guidelines. It is recommended to interpret ECG readings based on the International Criteria (https://uwsportscardiology.org/). After completing and interpreting the ECG, select the appropriate box below. If the ECG is interpreted as NORMAL, complete the Normal Electrocardiogram Clearance. If the initial ECG is interpreted as ABNORMAL, the student must be referred to a cardiologist. Only a cardiologist can clear a student with an ABNORMAL ECG interpretation.

NORMAL Electrocardiogram Clearance:

(To be completed in full by a licensed physician, PA or ARNP)

I hereby certify that an ECG was performed by myself or an individual under my direct supervision with the following conclusion:

☐ Low Risk/Cleared for Participation

_____ _____ _____

Physician/PA/ARNP Signature Name of Physician/PA/ARNP (print) Date

Stamp of Physician Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____

☐ An ABNORMAL ECG was found and student has been referred to cardiology. Physician name: _____ Date: _____

ABNORMAL Electrocardiogram Clearance:

(To be completed in full by a cardiologist or pediatric cardiologist)

An abnormal ECG screening was found and the student was subsequently evaluated by a cardiologist or pediatric cardiologist.

☐ I hereby certify that the student above has had a cardiac evaluation and is cleared for athletic participation from a cardiac perspective.

_____ _____ _____

Cardiologist/Pediatric Cardiologist Signature Cardiologist/Pediatric Cardiologist Name (Print) Date

Stamp of Cardiology Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____

See Section 1006.20(2)(c), Florida Statutes.

2026-2027

EMERGENCY TREATMENT AUTHORIZATION CARD - **ENGLISH** (Please Print)
SCHOOL BOARD OF ORANGE COUNTY, FLORIDA

Student's Legal Name:_____ School: _____ Grade:_____
Student's Date of Birth:_____ Date of last tetanus shot:_____
My child is allergic to the following medications:_____
My child has the following allergies:_____
Please identify any serious injuries or illnesses your child has had: _____
Alternate family member/friend to contact in case of emergency Name: _____
Telephone Number (s):_____
Primary Care Doctor Name:_____ Telephone Number:_____
You understand that the insurance offered by Orange County Public Schools is a secondary policy and will pay only after your personal insurance pays.

Please write "none" if you have no personal insurance on this student.
Primary Insurance Company: _____ Policy Number: _____
Insurance Company Address:_____

You understand if a parent, guardian or student falsifies any signature or information on the emergency medical treatment card, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date. You further give your permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms. Florida Statutes (92.525) "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

_____ _____ _____
Signature of Parent/Legal Guardian | Print Name of Parent/Legal Guardian | Date

Telephone (H)_____ Telephone (W)_____ Other:_____
Street Address:_____ Email Address: _____
City: _____ State: _____ Zip: _____
70530

Please list any physical limitations and/or food allergies here:

Authorization for Ibuprofen/Acetaminophen

My permission is given to the **WINTER PARK HIGH SCHOOL BANDS** to assist _____ by administering either
(Student's Name)

IBUPROFEN or **ACETAMINOPHEN** (circle one or both) as needed throughout the school year for pain or fever.

_____ _____
Parent/Guardian Signature | Date

_____ _____ _____
Home Phone | Work Phone | Cell Phone

2026-2027

TARJETA DE AUTORIZACIÓN PARA TRATAMIENTO DE EMERGENCIA -**ESPAÑOL** (Letra de Molde)
JUNTA ESCOLAR DEL CONDADO ORANGE, FLORIDA

Nombre Legal del Estudiante: _____ Escuela: _____ Grado: _____
Fecha de Nacimiento del Estudiante: _____ Fecha de la última vacuna contra el tétano: _____
Mi hijo(a) es alérgico a las siguientes medicinas: _____
Mi hijo(a) tiene las siguientes alergias: _____
Favor de identificar cualquier lesión seria o enfermedades que su hijo(a) ha tenido: _____
Miembro de familia/Amigo alterno que pueda contactarse en caso de emergencia Nombre: _____
Números de teléfono: _____
Nombre del Médico de Cuidado Primario: _____ Teléfono: _____
Usted comprende que el seguro ofrecido por las Escuelas Públicas del Condado Orange es una póliza secundaria y pagará sólo después de que haya pagado su seguro personal.

Por favor escriba "ninguno" si no tiene seguro personal para este estudiante.
Compañía Primaria de Seguros: _____ Número de Póliza: _____
Dirección de la Compañía d e Seguros: _____

Usted comprende que si un padre, encargado o estudiante falsifica cualquier firma o información en la tarjeta para tratamiento médico de emergencia, el estudiante será declarado inelegible para participar en cualquier actividad interescolar del Condado Orange durante un año calendario completo a partir de la fecha del descubrimiento. Usted adicionalmente concede su permiso para que el personal apropiado de la escuela y sus asignados ofrezcan tratamiento médico o autorice tratamiento médico por parte de un hospital y/o médico y acepta librar a la Junta Escolar y sus empleados de responsabilidad en la administración de tal asistencia. Por la presente reconozco y certifico que he leído el documento de evaluación deportiva, que comprendo y acepto sus términos. Estatuto de Florida (92.525) "Bajo pena de perjurio, declaro que he leído lo anterior y que los hechos presentados son verídicos. Acepto estar sujeto a sus términos y he revisado y explicado la notificación a mi hijo(a).

_____ _____ _____
Firma del Padre/Madre/Encargado Legal | Nombre del Padre/Madre/Encargado Legal | Fecha

Teléfono (H)_____ Teléfono (O) _____ Otro: _____
Dirección: _____ Dirección de correo electrónico: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Please list any physical limitations and/or food allergies here:

Authorization for Ibuprofen/Acetaminophen

My permission is given to the **WINTER PARK HIGH SCHOOL BANDS** to assist _____ by administering either
(Student's Name)

IBUPROFEN or **ACETAMINOPHEN** (circle one or both) as needed throughout the school year for pain or fever.

_____ _____
Parent/Guardian Signature | Date

_____ _____ _____
Home Phone | Work Phone | Cell Phone

Orange County Public Schools

Model Release Form- Consent, Waiver, and Release

Note to parents/legal guardians: We promote Orange County Public Schools ("OCPS") students and programs through photos, videos, on Facebook, Twitter, on our website, in the newspaper, and /by any other means available. This form gives us your permission for your child to be in OCPS informational or promotional sites or materials for current or future use.

For and in consideration of benefits to be derived from the furtherance of the educational programs of the School Board of Orange County, Florida (the "Board"), (I) (We), personally and on behalf of _____ ("Student"), do hereby consent, authorize and grant permission to the Board and OCPS and their respective members, superintendent, agents, employees, and representatives of each to take photographs, video, footage, or likenesses with or without sound (collectively, "Images") of the Student, and do further consent that such Images may be broadcast or published in perpetuity by all public media now known and in the future including, but not limited to, local newspapers, the Internet, websites, online, television, or any other type of social media or any duplication of same for any purposes the Board and OCPS deem appropriate.

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PARENT/LEGAL GUARDIAN AGREEMENT

I consent to student's photographs, video, footage, or likenesses with or without sound in OCPS informational or promotional materials for current or future use.

I agree _____ Date _____

Winter Park High School Bands Financial Obligations 2026/2027
COLOR GUARD & WINTER GUARD

Payment Schedule A

5/12	Band Registration Fair Share	$50.00
5/12	Band Camp Meals (optional)	$90.00
7/29	Fall Color Guard Fair Share Full Payment	$325.00
7/29	Marching Band Uniform Shoe (new/replacement)	$50.00 – *fundraising credit cannot be used for this item*
7/29	Extra Show Shirt (optional)	$15.00/each – *fundraising credit cannot be used for this item*
10/7	School Equipment Semester 1 Maintenance	$75.00
12/2	Winter Guard Fair Share Full Payment	$375.00
1/13/2027	School Equipment Semester 2 Maintenance	$75.00

Payment Schedule B

5/12	Band Registration Fair Share	$50.00
5/12	Band Camp Meals (optional)	$90.00
7/29	Fair Share Payment 1	$100.00
7/29	Marching Band Uniform Shoe (new/replacement)	$50.00 – *fundraising credit cannot be used for this item*
7/29	Extra Show Shirt (optional)	$15.00/each – *fundraising credit cannot be used for this item*
9/2	Fall Color Guard Fair Share Payment 2	$125.00
10/7	Fall Color Guard Fair Share Payment 3	$100.00
10/7	School Equipment Semester 1 Maintenance	$75.00
12/2	Winter Guard Fair Share Payment 1	$150.00
1/13/2027	Winter Guard Fair Share Payment 2	$125.00
1/13	School Equipment Semester 2 Maintenance	$75.00
2/24	Winter Guard Fair Share Payment 3	$100.00

Fundraisers – *Lower or eliminate your costs!*

Program Ads and Sponsors (**50% - 60% of profit** earned to student accounts)	May – August 2026
InstaRaise (**35% - 40% of profit** earned to student accounts)	September 2026
Butter Braid Pastries (**approx. 45% of profit** to student accounts)	October 2026
Door-To-Door Fundraiser (**approx. 60% of profit** split among students)	January 23, 2027 (*mandatory for all*)

Fundraising Ideas? Bring them to the Band Booster meetings!

Winter Park Band financial obligations should not be a deterrent to Band Program participation, and the various fundraising opportunities that are provided throughout the year are designed to alleviate that burden. If, in addition to participating in all fundraisers, you have an extreme hardship in meeting these financial obligations, a separate, individualized payment plan contract can be set up on a case-by-case basis. **Those needing additional information should contact either one of the Band Directors, or our Treasurer, Kim Somers.**

I understand the financial obligations listed above and agree to make payments on time; I understand that I am responsible for all fees for the school year, even if my child leaves the Band Program. I understand that the Door-2-Door fundraiser on Saturday, January 23, 2027 is a mandatory event. I understand and acknowledge that all payments are non-refundable, and the schedule above represents a payment plan for the total Band fee.

You are encouraged to use SchoolPay.com for all payments. Checks are also acceptable made payable to WPHS Bands.

_____ _____ _____

Parent Name (print) *Parent Signature* *Date*

_____

Student Name (print)

DUE: TUESDAY, MAY 12, 2026 AT BAND REGISTRATION NIGHT

Winter Park High School Bands Financial Obligations 2026/2027

Color Guard/Winter Guard Financial Obligation Descriptions

Band Fair Share (Fall Color Guard - $375 / Winter Guard - $375)
The Band Fair Share pays for virtually everything we do. Some of our largest expenses are staff, band clinicians, instruments, and transportation of our equipment to performance sites. Other expenses include marching band drill writing, music purchases, show and sound equipment, competition and Music Performance Assessment (MPA) registrations, student awards, post-concert refreshments, and miscellaneous band supplies. **The Band Fair Share is representative of the entire year as whole, not just specific parts of the school year. The payments are spread across much of the year to help alleviate the financial burden.**

School Equipment Maintenance ($75/semester)
Each student who uses a school-owned instrument/equipment will pay $75 per semester for the maintenance of that instrument. No student will pay more than $150 per school year for equipment maintenance. **Unusual or extreme damage resulting in repairs or replacement will be the responsibility of the student.**

Marching Band Shoes/Uniform Purchases (cost varies depending on need)
The purchase of marching band shoes is only needed for new students, or when a student outgrows their shoes. Concert tuxedo jackets and pants and concert dresses are owned by Winter Park High School and will be loaned out to students for use during the school year. Students are responsible for the purchase of a tuxedo shirt, black bow tie, and cummerbund (for gentlemen), pearls and earrings (for ladies), and black closed toe dress shoes (ladies and gentlemen). The bow tie, cummerbund, pearls, and earrings are all purchased through the Band program.

Fundraising Credit/Band Accounts
Fundraising credit is used like a "coupon" toward future Winter Park Band expenses. Fundraising credit CANNOT be used for any taxable item (i.e. extra show shirts, marching band shoes, etc.) or fundraising purchases. It is the responsibility of the student and parent to monitor their Cut Time account and be aware of the fundraising credit available to them. Unused fundraising credit rolls over to the next school year. All monies raised through fundraising officially belong to the Winter Park Band Program and cannot be refunded for any reason.

DUE: TUESDAY, MAY 12, 2026 AT BAND REGISTRATION NIGHT