

Color Guard Contribution 2019-2020 Worksheet, August

Student Name _____ Grade in Fall _____

Parent email _____ Phone _____

Due Tues. August 13:

	<u>Student</u>	+	<u>Sibling</u>		<u>Total</u>
Transportation Contribution – \$200	\$200		\$100	=	_____

Please note that all Entertainment Unit programs are considered **two season activities (\$200)** due to the events taking place both semesters. Note that the maximum individual contribution for multiple activities is \$200 and \$100 for every additional sibling. See school web site if your student is in other sport activities.

DUE AUGUST 13, TOTAL = _____ (Make check payable to TUSD, see coupon below)

Forms Due Tues August 13:

1-Signed confirmation letter print from online West High Clearance Packet, athleticclearance.com

2-Student Physical Form (see attached)

The physical form must be dated **June 21, 2019 or later** in order to cover the full school year. There are local clinics like Ocean Medical in Redondo Beach or Accesa Health in Torrance where you can obtain inexpensive school physicals outside your medical insurance (walk in evening and weekend hours available). Note, our reference to these clinics is not and should not be construed to be an endorsement by WHEUPA of that provider or of any other provider. The school district requires you to have medical insurance for your student in order for them to participate. The school district offers inexpensive insurance through Myers-Stevens and flyers are available in the school office.

3-*TUSD Volunteer Agreement and TB Assessment Form or TB Test. (see attached)

These forms are required for any parents planning to chaperone at any school event.

4- WHEU Wear Order form (see attached)

West High Entertainment Unit-Return this portion with payment

Please make check **payable to TUSD, for Transportation**

Drop payment and Forms in the WHEUPA Safe in Mr. Banim's office, or at the West High front office (in envelope addressed to Mr. Banim) on or prior to **Tues. August 13.**

Student(s) Name _____

Full Payment: _____ \$200 EU Student _____ \$100 EU Sibling _____ Paid online

For Official Use Only	Date	Cash	Check	Amount	Scrip	By	
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