



## *West Broward Performance Ensemble*

### *Participation Contract*

The Performance Ensemble Fair Share Participation fee for the 2025-2026 school year is \$1,860. The **entire** fee may be paid on June 6th or installments listed below. Fair share fees are non-refundable. Although the payment dates correspond to band camp dates, this is NOT a per-camp fee (covers the marching season and school year). There are no additional concert band fees. There are **volunteer opportunities**, such as Amerant Bank Arena, that offer the ability to **pay your child's fair share in full**. More information at [www.wbpeb.org](http://www.wbpeb.org).

June 6, 2025, \$260  
July 18, 2025, \$320  
August 15, 2025, \$320  
September 12, 2025, \$320  
October 10, 2025, \$320  
November 7, 2025, \$320

First payment June 6th: A parent or guardian must be present to register their child. These fees include all activities of the Performance Ensemble for 2025-2026 school year, including the trip to the Florida Marching Band Championships (Nov 8<sup>th</sup>, 2025), FBA Concert performances/evaluations and Mosaic performances. Extracurricular activities are available to members of the Performance Ensemble. In order to participate in these activities, students must be members of the Performance Ensemble (class), meet School Board of Broward County (SBBC) requirements for extracurricular participation and pay additional fees. Fees for extracurricular activities will be determined and presented at an informational meeting prior to the first rehearsal for that activity.

Performance Ensemble extracurricular opportunities:

- Indoor Percussion (Dec-Mar)
- Winter Guard (Nov-Apr)

Please sign and return this contract with the first payment of \$260 payable to WBPEB on June 6th to secure a spot in the 2025 Marching Show. ***I acknowledge that I have read and agree to abide by the policies & financial responsibilities outlined above and in the Performance Ensemble Handbook located on our organization's website [www.wbpeb.org](http://www.wbpeb.org).***

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Member Name (Print)

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Parent Name (Print)

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Parent Signature

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Parent email address:

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Date

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## West Broward Performance Ensemble Permission and Insurance Statement

\_\_\_\_\_, Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Student Name Month Day Year

is hereby granted permission by \_\_\_\_\_  
Parent/Guardian Name

To participate in all Performance Ensemble and school-approved Performance Ensemble activities during the 2025-2026 school year, I authorize my child to participate in local and out-of-town events using school board-approved transportation. I further authorize the school Band Directors or the sponsor/instructor(s) to obtain, through a physician of his or her choice, any emergency medical care that may become reasonably necessary for my child as a result of practice or performance participation. This includes any activity occurring on field trips and/or on-campus activities. I/we are also aware of day-to-day risks that are involved in extra and co-curricular participation and will not hold The School Board of Broward County (SBBC), West Broward High School, or individual directors and/or sponsor/instructors responsible for any injuries that may be sustained from participation.

### INSURANCE INFORMATION

\*\*\*Attach copies of insurance card and driver's license to this form\*\*\*

Please select one of the following:

☐ I/We do have medical insurance.

☐ I/We do not have medical insurance, however, I/we will pay any and all medical bills for emergency care of my child.

\_\_\_\_\_  
Insurance Company Policy #

I submit the following information as it applies to my child:

Allergies (i.e. food, medication, insect bites):

Allergic Reaction Medication (i.e. epi-pen, Benadryl):

Special Medical Problems:

Prescribed Medications (i.e. inhaler):

### Emergency Contacts:

Emergency Contact #1 Name	Relation to student	Phone
Emergency Contact #2 Name	Relation to student	Phone

