



JAMESTOWN HIGH SCHOOL MARCHING BAND

FORMS

2015 – 2016

NAME _____

ALL FORMS ARE DUE ON
MONDAY, JUNE 8TH, 2015

Jamestown High School Marching Band

Participation Contract

We have thoroughly read and clearly understand the Marching Band Handbook and agree to abide by it fully. We understand that failure to comply will result in the consequences listed within the handbook. As the parent, I give permission for my child to be a member of the Jamestown High School Marching Band. I furthermore give my permission for my son/daughter to participate fully in all events scheduled for the band throughout the year, including competitions, trips, the Holiday Parade and 2016 Memorial Day Parade.

Student Name: _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Behavior Contract

I have thoroughly read the Behavior Policy and Code of Conduct in the JHS Marching Band Handbook and agree to abide by it fully. I clearly understand my responsibilities to the organization and promise to conduct myself in an exemplary manner throughout the season, both in and out of band rehearsals. I understand that if I violate the Behavior Policy or Code of Conduct the disciplinary actions outlined in the Handbook will be taken.

Student Signature: _____

Date: _____

Fees Contract

I understand that by participating in the JHS Marching Band we are agreeing to pay all fees associated with the organization. I understand that all must be paid in full before any and all trips, including the annual trip to Syracuse, and that failure to do so may result in my student not participating in the trip. I understand that in a situation where making these payments cannot be done due to financial difficulties, I will contact Mrs. Murray to discuss alternate ways to make payments or complete extra fundraising so that my student may still participate. I also acknowledge that in a situation where a personal check is returned for insufficient funds, I am responsible for any and all bank fees associated with the returned check.

Parent Signature: _____

Date: _____

Fundraising Contract

We understand that agreeing to participate in the JHS Marching Band means agreeing to participate in any and all fundraisers associated with the organization. This includes, but is not limited to, candy bar sales, car washes and tag days. We understand that failure to complete these fundraisers or failure to return goods distributed to sell will result in monetary compensation to the band for the incomplete fundraiser and/or goods distributed. As the parent, I acknowledge that in a situation where a personal check is returned for insufficient funds, I am responsible for any and all bank fees associated with the returned check.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Jamestown High School Marching Band

2015 Membership Registration

Name _____ Grade (upcoming year) _____

Marching Instrument/Section _____

Primary Residence

Street Address _____

_____ City/Zip _____

Home Phone _____

Secondary Residence (if applicable)

Street Address _____

_____ City/Zip _____

Home Phone _____

☐ Check here if you wish to receive correspondence at both addresses.

Mother's Full Name _____ Work Phone _____

Father's Full Name _____ Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Student's Email Address _____

Parent email address #1 _____

Parent email address #2 _____

Email addresses will be added to our email mailing list. You will receive important information regularly about the band's events during the season. Please keep us informed on any changing or new email addresses.

Band Notes will still be sent home with students every week.

Marching Band Attire Form

REQUIRED

SQUAD SHIRT \$15

Every student must have a squad shirt to wear underneath their uniform. You may consider purchasing 2 so you have an extra on hand.

If you purchased one last year and it is still in good shape you DO NOT need to purchase a new one.

Instrument _____ Size _____ (Adult sizes XS - 3XL; cotton t-shirts)
of Shirts _____

OPTIONAL

BACKPACK \$25 (\$35 with personalization)

Every band member will be required to have a backpack for this season. You may purchase a "JHS Marching Band" backpack for \$25. You may also have this personalized with your child's name for an additional \$10.

☐

Yes! Please personalize my child's backpack for an extra \$10!

Name on backpack: _____

SHOES \$40

Every band and color guard member will be provided with a pair of marching shoes. These are reused each year. If you wish to purchase a new pair for your child to keep you may do so for \$40. They can reuse this pair each year.

Circle one: Male Female

Size _____ (Whole and Half Sizes) *These run much like sneaker sizes.

BAND JACKET \$70

Band Jackets are individualized to the student. They are red jackets with the student's name, instrument and graduation year embroidered on the front. Students receive patches each year they participate to be sewn on the jacket.

Size _____ (Adult sizes S - 2XL)

ALL CHECKS WRITTEN TO "JHS BAND"

Jamestown High School "Red Raider" Marching Band

PARENT INVOLVEMENT FORM

Name: _____ Contact phone #: _____

Address: _____

Email: _____ @ _____

Parental Involvement

There is no such thing as a successful youth program without the support and encouragement of parents. When your child commits to being a Marching Band member you commit to being a Marching Band Booster member. This program is about music, but more importantly - it is about your children and their development as students and contributors to our community. While we do have mandatory parent meetings planned we also have many other more meaningful ways to get involved.

MANDATORY PARENT MEETINGS: June 2, July 29, August 27

We invite you to play an active role in the development and success of the Jamestown High School Marching Band and your child's experience here. Please read through the list and check all that you may be interested in helping with. Thank you in advance for any support or help, we welcome your suggestions and comments!

- ☐ *I am willing to help anywhere I am needed, please contact me whenever you need help!*
- ☐ *I would like to volunteer to help at the summer Car Washes. (July 18th and/or July 25th)*
- ☐ *I would like to volunteer for the Fall Festival of Bands. (September 19th)*
- ☐ *I would like to volunteer to work at the Pie Sale (Labor Day, Bergman Park)*
- ☐ *I would like to help work in the Concession Stand as needed.*
- ☐ *I would like to volunteer to help with Tag Days (September 10th, 11th, 12th)*
- ☐ *I would like to help with uniform fittings.*
- ☐ *I can sew! I would like to help with sewing color guard flags and/or uniforms, as well as help hem band uniform pants.*
- ☐ *I can supply baked goods for Marching Band bake sales.*
- ☐ *I am interested in helping build props.*
- ☐ *I would like to join in public relation efforts! (distributing posters, pre-selling tickets, helping with advertising, etc.)*
- ☐ *I am interested in being a member of a committee.*
- ☐ *I am interested in being a Chairperson for a committee.*
- ☐ *My time is limited, but I can donate supplies to the band. Please send me the band's current "Wish List."*

Special skills, talents or connections I have that may be helpful are:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Soliciting donations | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Sales | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Food Service | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Helpful contacts | <input type="checkbox"/> Other_____ |

The following is an extensive list of opportunities for parent involvement above and beyond what is required of the student Marching Band members. Please check any boxes you are interested in. Boxes with no description are for you to check if you are unsure about the event and what you'd be doing, but are still interested in helping!

Summer Car Washes July 28 & July 25 <input type="checkbox"/> Chair Person <input type="checkbox"/> Chaperone <input type="checkbox"/>	Fall Festival of Bands September 19 th <input type="checkbox"/> Chair a committee_____ <input type="checkbox"/> Parking <input type="checkbox"/> Security <input type="checkbox"/> Band Guides <input type="checkbox"/> Concessions <input type="checkbox"/> Admission Sales <input type="checkbox"/> Program Sales <input type="checkbox"/> 50/50 <input type="checkbox"/> Happy-Grams <input type="checkbox"/> Bake Sale <input type="checkbox"/> Souvenirs <input type="checkbox"/> Runners	Football Game Concession Stand <input type="checkbox"/> September 18 <input type="checkbox"/> September 25 <input type="checkbox"/> October 9 (Homecoming) <input type="checkbox"/> Playoff Games (TBA)
Intensive Week Family Picnic August 27 <input type="checkbox"/> Set-up <input type="checkbox"/> Clean-up <input type="checkbox"/>		Cash Cards (Fall/Winter) <input type="checkbox"/> Chair <input type="checkbox"/> Help Call Businesses <input type="checkbox"/> PR <input type="checkbox"/>
Labor Day Pie Sale <input type="checkbox"/> Set-up <input type="checkbox"/> Sell Pies (Shift) <input type="checkbox"/> Clean-up <input type="checkbox"/>		Patron Tickets (Fall/Winter) <input type="checkbox"/> Chair <input type="checkbox"/> Call/Visit Previous Patrons <input type="checkbox"/> PR <input type="checkbox"/>
Fall Festival Program Prep <input type="checkbox"/> Additional ad sales and solicitation <input type="checkbox"/> Assist with completion of program <input type="checkbox"/>	Tag Days September 10, 11, 12 <input type="checkbox"/> Chaperone Driver <input type="checkbox"/> Help count money <input type="checkbox"/>	Other:

Comments/Suggestions/Ideas:

THANK YOU for being a part of your child's musical experience!

JAMESTOWN PUBLIC SCHOOLS
Health Services

Student: _____ Date of Birth: _____

Field Trip Location: **ALL BAND EVENTS**

Field Trip Date(s): **ALL BAND EVENTS**

While on the field trip, will your child require medication or any medical treatments?

_____ Yes _____ No

If yes, describe below and complete the medication permission form on the back:

Does your child have a medical condition that the teacher and chaperones should be made aware of? [ex. diabetes, asthma, seizure disorder, allergies (including bee stings), etc.]

_____ Yes _____ No

If yes, describe below:

Date of Last Tetanus Booster: _____

Family Physician: _____ Phone: _____

Insurance: _____ Group # _____ Medicaid # _____

Phone: _____ (Home) _____ (Work) Mother _____ Cell

Phone: _____ (Home) _____ (Work) Father _____ Cell

Name of other emergency contact: _____ Phone: _____

In the event of an emergency, I give permission for the supervisor to take my child to a doctor or emergency room. I understand that I will be notified as soon as possible.

Parent Signature: _____ Date: _____

JAMESTOWN PUBLIC SCHOOLS
Health Services

Medication Permission for Self-Directed Students
Overnight Field Trip

I request that my child _____ be permitted to take the following medication(s) while on the field trip to: Syracuse, NY (NYSFBC Championships)

ALL BAND EVENTS

List all medications with complete name, dose, and time to be given.

Medication Name	Dose	Time Given	# of Pills Sent
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

I request that the teacher carry the medication for my child while he/she is on the field trip. It is my child's responsibility to request the medication at the appropriate time. My child has been instructed and understands the purpose, appropriate method, and frequency of use. I understand that it is my responsibility as the parent, to insure that my child is taking the medication as ordered.

Medication must be sent in a container with the original pharmacy label. Send only enough medication to cover the doses that will be needed while on the field trip.

Parent Signature: _____ Date: _____