

FORMS PACKET

Instructions

You can complete the forms in two ways:

- 1) Electronically with any PDF reader. Return completed forms to Alesha Erbter at aerbter@mac.com. If you are unable to digitally sign the forms, return them by e-mail and we will have you sign them at the parent meeting.
- 2) Print a copy to complete by hand. Seal your completed forms in an envelope to:
 - a. Put in the white lock box in the CHS Band Room.
 - b. Give to Mr. Raaymakers at middle school (8th graders)
 - c. Mail completed forms to Caledonia Band Boosters, PO Box 501, Caledonia, MI 49316.

Forms are due May 20 with your \$25 deposit. Please keep the medication form to turn in at Band Camp Check-In July 22.

Forms

DUE DATES

May 20

July 22

As Needed

FORMS TO RETURN

Registration Form

Student Pledge

Trip Release & Medical Information

Medication Form (with medications)

Family Assistance Application (limited funds are available)

Copies of the handbook and forms are online
at caledoniabands.com/band-camp.

updated band information at
caledoniabands.com

Caledonia Marching Band

Registration Form

Student Name: _____ **Grade (2018):** _____
Address: _____ **City/Zip:** _____
Primary Phone: _____ **Cell:** _____
Student E-mail: _____
Parents Name: _____
Parents E-Mail: _____

MARCHING BAND FEE (DUE IN INSTALLMENTS OR AS ONE PAYMENT) \$325.00

This fee includes Band Camp, uniform cleaning and summer uniform T-shirt.

Band Camp T-Shirt Size ADULT Sm, Med, Lg, XL, 2X, 3X, 4X _____

School Instrument Rental Fee \$50.00/yearly _____

Percussion, Tuba/Sousa, Bari Sax, Bass Clarinet, Tenor Sax, Mellophone/F-Horn, Baritone, any other instrument assigned to you from our inventory.

ADDITIONAL DONATION PAYMENT _____

Thank you for your donation to help pay for another student's band costs. Your donation may be tax-deductible. Please let us know if you would like a tax receipt for your records.

TOTAL DUE _____

- I AM PAYING IN FULL** check cash through CHARMS
- I AM PAYING IN INSTALLMENTS.** check cash through CHARMS
- I AM PAYING JUST THE \$25.00 DOWN PAYMENT TODAY** (to reserve a spot for your student)
(a down payment is not required if you are paying \$325 in full by May 15)
- I NEED TO SPEAK TO SOMEONE ABOUT FINANCIAL ASSISTANCE.** (Please complete the Family Assistance Application in this packet.)

Return all forms by May 15 in one of these ways: (1) by printing, completing and returning with your down payment or (2) via e-mail to Alesha Erbter (aerbter@mac.com). If you are unable to sign a PDF, please e-mail your forms by May 15 and we will have you sign it at the parent meeting in July.

Submit forms/checks/cash in an envelope marked with your student's name in the white lock box in the CHS Band Room or mail to **Caledonia Bands** P.O. Box 501, Caledonia, MI 49316. Do not hand payments or forms to the Band Directors.

Caledonia Marching Band

Student Pledge

As a member of the Caledonia High School Band Program, I am responsible for the following while at any function associated with Caledonia Bands during the 2018-2019 school year including Marching Band Camp.

1. I will not complain about trivial matters. I will address any concerns I may have to my chaperone and/or section leader.
2. I will not bring valuables with me, especially to Band Camp such as rings, necklaces, etc.
3. I will keep my money with me at all times and realize that I probably won't need more than twenty dollars for the week.
4. I realize that my parents will pay for any damages incurred by my actions to the Lincoln Lake Baptist Camp. I accept that Lincoln Lake Baptist Camp will not be responsible to cover my mistakes even if they are accidental.
5. I will adhere to all school rules including the non-use of tobacco, drugs, alcohol and any other items that will impair my abilities.
6. I will not take articles or items that do not belong to me.
7. I will conduct myself as a lady or gentleman at all times—poor behavior will not be tolerated.
8. I will follow all instructions given by Chaperones, Directors, Instructors and Section Leaders.
9. I will be in bed at the designated time for lights out.
10. I will perform my music to the best of my ability at all rehearsals and performances.
11. I will have my music memorized at times indicated to me by my Band Director.
12. I will follow all rules and guidelines stated in this handbook and any rules instituted at camp.
13. I will not leave my room after curfew and will follow the rules regarding people allowed in my room such as no boys in girls' rooms and no girls in boys' rooms.
14. I will be responsible for the uniforms I am assigned and that if I damage, destroy, or lose any part of the uniform, I will be responsible for the replacement cost of the Marching Uniform (\$330.00) and/or the Concert Uniform (\$150.00) regardless of accident or intention.
15. If I violate any of the above items, I stand the chance of being disciplined and, depending on the infraction, being sent home at my parent's expense. Furthermore, I understand my behaviors may jeopardize my opportunity for future participation in the Caledonia Band Program and that I may be subject to further discipline by the school administration upon the beginning of the school year.

Student's Printed Name

Student's Signature

Date

Parent's Printed Name

Parent's Signature

Date

Caledonia Marching Band

Trip Release & Medical Information

Please complete this form as verification that your child has permission to accompany the Caledonia High School Band and to participate in all scheduled field trips by district school bus or chartered bus during the entire **2018-19 school year**.

Student Information

Student Name: _____ Birthdate: _____
Address: _____ City/Zip: _____
Primary Phone: _____ Cell: _____
Student E-mail: _____

Parent/Guardian Information

Name: _____
Primary Phone: _____
E-Mail: _____

If unable to contact parent/guardian, please contact the following:

Name: _____ Relationship _____
Primary Phone: _____ Cell: _____
Name: _____ Relationship _____
Primary Phone: _____ Cell: _____

Authorization and Consent of Parents/Legal Guardians

I hereby give permission for my son/daughter to participate in all activities related to the Caledonia High School Band Program for the 2018-19 school year. In addition, I understand that all school rules and the attached code of conduct will be in effect for the duration of our school year including travels. In the event that my son/daughter violates these rules, I will be notified and will make arrangements to bring them home by the most appropriate means of transportation at my expense. I also understand that should my son/daughter cause damage to any school property or other property on the location of a trip, whether intentional and non-intentional, I will be held financially responsible.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Today's Date _____

Medical & Insurance Information*

Attach a copy of insurance card.

Physician Name: _____ Phone: _____

Address: _____ City/Zip: _____

Insurance Company: _____

Policy Holder Name: _____

Policy Number: _____

Please completed the following for each student*:

Allergies (medications, food, insect bites, etc) No Yes Explain:

Asthma/Breathing Problems No Yes Treatment:

Joint/Bone Problems No Yes Specify:

Prescription Medications** No Yes Specify:

Over the Counter Medications (as needed)** No Yes Specify:

Any other information you would like to share with us concerning the welfare of your child?

* All personal medical and insurance information is kept confidential and will not be made available to anyone but the Band Director or Nurse/Parent in charge of medications. This information will only be used when the student traveling with the band needs treatment in a medical facility.

** All medications (prescription and OTC) will be administered by the Trip/Camp Nurse or a Designated Parent during the course of your travels with Caledonia Bands. Prior to travel, all medications will be checked in with the Nurse or Parent labeled with the student's name and instructions for dispersal. The Nurse/Designated Parent will be the ONLY person dispersing ALL medications including over the counter. This is for the safety of our students and also covers the liability of the school and bands while traveling.

Authorization and Consent of Parents/Legal Guardians

I attest that this health history is correct to the best of my knowledge. In the event of illness or injury to my child while under the supervision of school personnel and chaperones, I know that I will be contacted for permission and direction regarding emergency treatment. If I cannot be contacted I hereby give permission for the trip director to order x-rays, examinations, medical or surgical diagnosis, treatment, or hospital care to be rendered to our son/daughter on the advice of any physician or surgeon licensed to practice in the jurisdiction in which our son/daughter is located.

This contract expires at the conclusion of the 2018-19 school year.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Today's Date _____

Student's Name: _____

Caledonia Marching Band

Medication Forms

This medication form is required to ensure the safe and effective administration of medications to each Caledonia Bands student. Please complete this form and submit WITH your student's medication(s) at Band Camp check-in. All medications must be in the original prescription or over the counter bottles with your student's name. Please only send what your student will need for the week. You may submit medications in a one-gallon sized zip lock bag or large manila envelope (to ensure privacy). If you have any questions or concern, please contact Mr. Wellfare or the camp nurse.

Regularly Scheduled Medications					
Name of Medication	Dosage (mg)	Amount Given (1 tab, 10 cc, 2 puffs, etc)	Time Given (breakfast, noon, bedtime)	Route (inhalation, by mouth, each ear, etc)	Notes
Medications As Needed*					
Name of Medication	Dosage (mg)	Amount Given	Frequency	Notes	

*You do not need to send Ibuprofen, Acetaminophen or Benadryl as the camp keeps these commonly administered as needed medications. Please complete this form if you would like your student to be given these as needed.

Turn this form in with your medications at Band Camp Check-In.

Application Caledonia Bands Family Assistance

Caledonia Bands are pleased to offer assistance to registered band students who could not otherwise afford to participate in band activities, summer programs, trips or wider opportunities. This assistance is available because of the fundraising efforts of our band parents (boosters). To be approved for financial assistance, the family must show a documented need as well as agree to participate in fundraising and/or volunteer opportunities to help support the program.

The following guidelines apply:

- Assistance will be based upon the applicant's documented financial need.
- A separate application must be submitted for each applicant (not per family).
- The application may be completed by the band student or parent/guardian.
- Approved funds will go directly to the sponsoring department or in the case of an outside organization, mailed to the organization.
- Family Assistance covers costs for band trips, supplies, camps and other band activities.
- Requests must be made within 2 weeks prior to the need.
- If a request is approved, students/parents will be contacted to sign up for fundraising and/or volunteering opportunities to help support the band.

To apply for financial assistance, submit this form in an envelope marked with your student's name in the white lock box in the CHS Band Room or mail to Caledonia Bands P.O. Box 501, Caledonia, MI 49316. The Treasurer will contact you for further verification. All information is kept confidential.

Student's Name _____

Parent/Guardian Name(s) _____

Primary Phone _____ Work Phone _____

I am applying for assistance for Band Camp Instrument Rental Uniform Other

I am applying for Full Fee Reduced Fee \$ _____

Family Information

Total family income from all sources (please check one)

\$2,000 - 10,000 \$11,000 - 20,000 \$21,000 - 30,000 \$31,000 - 40,000 Over \$40,000

Number of adults in family dependent on that income _____

Ages of children dependent on that income: _____

Please list specific circumstances that make financial assistance necessary (such as unusual medical bills, unemployment, disabilities, financial crisis, etc.):

I attest that all information provided is accurate to the best of my ability. If I am approved for financial assistance, I agree to work with Caledonia Bands and Boosters to support the program with fundraising and/or volunteer opportunities.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Today's Date _____