



# JAMESTOWN HIGH SCHOOL MARCHING BAND

## FORMS

2018 – 2019

NAME \_\_\_\_\_

ALL FORMS ARE DUE ON  
MONDAY, JUNE 4<sup>TH</sup>, 2018



# 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 2019 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: \_\_\_\_\_

# Marching Band Attire - Page 1

Student Name: \_\_\_\_\_

Section: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Squad Shirts - \$16/\$18 (REQUIRED FOR ALL NEW MEMBERS)

# of shirts \_\_\_\_\_ x \$16 (\$18 for 2xl,3xl) = \$ \_\_\_\_\_

Size (adult XS - 3XL) \_\_\_\_\_

*-If you already have a shirt in good condition from last year you do not need to buy a new one*

*-It is recommended that you purchase two shirts*

*-Color guard members must have a squad shirt, but do not need 2*

## Backpacks - \$27/\$37 (OPTIONAL)

☐ \$27 (no personalization)

☐ \$37 (with personalization)

*All students must have a backpack designated for Marching Band. You can provide your own or order a JHS Marching Band backpack.*

Personalization: \_\_\_\_\_ (limit 10 characters)

## Shorts - \$16/\$18 (OPTIONAL)

*Moisture-wicking mesh shorts; 7" inseam  
Black with embroidered JHS Marching Band logo*

*Perfect to wear under the uniform*

Size (adult XS - 4XL) \_\_\_\_\_

**\$16 XS-XL**

**\$18 2XL-4XL**

### Shorts Sizing Guide

PRODUCT MEASUREMENTS								
	XS	S	M	L	XL	2XL	3XL	4XL
Waist	12 1/2	13 1/2	14 1/2	15 1/2	17	18 1/2	20	21 1/2
Inseam	7	7	7	7	7 1/4	7 1/2	7 3/4	8

WAIST  
Measured across the waistband when laid flat.

INSEAM  
Measured from crotch seam to hem.

**Total Page 1: \$** \_\_\_\_\_

## Marching Band Attire - Page 2

Student Name: \_\_\_\_\_

Section: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Shoes - \$40 (OPTIONAL)

*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

Circle one:    Band                      Color Guard

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

### Band Jacket - \$75 (OPTIONAL)

*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.*

Name on Jacket \_\_\_\_\_ (usually only room for first name)

Section \_\_\_\_\_

Graduation Year \_\_\_\_\_

Size \_\_\_\_\_ (Adult sizes S - 2XL) See sizing guide below

	XS	S	M	L	XL	2XL	3XL	4XL
Body Length		28	29	30	31	32	33	34
Body Width		27	28	29	30	31	32	33

ALL ORDERS AND MONEY ARE DUE  
MONDAY, JUNE 18<sup>TH</sup>, 2018.

ALL CHECKS SHOULD BE WRITTEN TO  
"JHS BAND"

Total Page 2: \$ \_\_\_\_\_

Total Owed for Attire: \$ \_\_\_\_\_

# 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: May 29, July 25, August 23**

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 14<sup>th</sup> and/or July 28<sup>th</sup>)*
- ☐ *I would like to volunteer for the Fall Festival of Bands. (September 15<sup>th</sup>)*
- ☐ *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 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>)*
- ☐ *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!

<b>Summer Car Washes</b> July 14 & July 28 <input type="checkbox"/> Chair Person <input type="checkbox"/> Chaperone <input type="checkbox"/> Other:	<b>Fall Festival of Bands</b> September 15 <sup>th</sup> <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 <input type="checkbox"/> Other:	<b>Football Game Concession Stand</b> <input type="checkbox"/> August 31 <input type="checkbox"/> September 7 <input type="checkbox"/> September 21 <input type="checkbox"/> October 5 (Homecoming) <input type="checkbox"/> Playoff Games (TBA)
<b>Intensive Week Family Picnic</b> August 23 <input type="checkbox"/> Set-up <input type="checkbox"/> Clean-up <input type="checkbox"/> Other:		<b>Cash Cards (Fall/Winter)</b> <input type="checkbox"/> Chair <input type="checkbox"/> Help Call Businesses <input type="checkbox"/> PR <input type="checkbox"/> Other:
<b>Labor Day Pie Sale</b> September 2 <input type="checkbox"/> Set-up <input type="checkbox"/> Sell Pies (Shift) <input type="checkbox"/> Clean-up <input type="checkbox"/> Other:		<b>Patron Tickets (Fall/Winter)</b> <input type="checkbox"/> Chair <input type="checkbox"/> Call/Visit Previous Patrons <input type="checkbox"/> PR <input type="checkbox"/> Other:
<b>Fall Festival Program Prep</b> <input type="checkbox"/> Additional ad sales and solicitation <input type="checkbox"/> Assist with completion of program <input type="checkbox"/> Other:	<b>Tag Days</b> September 6,7,8 <input type="checkbox"/> Chaperone Driver <input type="checkbox"/> Help count money <input type="checkbox"/> Other:	<b>Other:</b>

*Comments/Suggestions/Ideas:*

---



---



---

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



**JAMESTOWN PUBLIC SCHOOLS**  
School Health Services

**Overnight Field Trip**

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**  
**School Health Services**

**Medication Permission for Independent Students**

I request that my child \_\_\_\_\_ be permitted to take the  
following medication(s) while on the field trip to: **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. _____	_____	_____	_____

Please check one:

☐ 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.

☐ I request that **my child be allowed to carry the above medications** while he/she is on the field trip. My child has been instructed and understands the purpose, appropriate method, and frequency of use. It is my child's responsibility to self-administer the correct dosage of medication at the appropriate time(s). I understand that it is my responsibility as the parent, to insure that my child is taking the medication as ordered. **BY CHECKING THIS BOX YOU MUST HAVE THE BOTTOM PORTION OF THIS FORM COMPLETED BY YOUR CHILD'S HEALTH CARE PROVIDER.**

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: \_\_\_\_\_



**To Be Completed By Health Care Provider**

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Time(s) \_\_\_\_\_

Recommendations \_\_\_\_\_ ICD Code \_\_\_\_\_

**Health Care Provider Permission for Independent Use and Carry**

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed above safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff.

\_\_\_\_\_  
**Name/Title of Prescriber**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**