



## **Welcome to the 2017-2018 West Salem Band Program!**

It is time to register for the 2017 West Salem Band Program (Non-Competitive Marching Band Status). Since you have indicated that you will be in the Non-Competitive Marching Band, we need to collect information and make sure we have all of your permission slips and travel information on file. These forms and permission slips will be valid for all band-related trips for the year. If you have not already done so, please complete the Non-Competitive Marching Band Application at the back of this handout. **Students in Concert Band do not need to complete the last page on this packet.**

Please read through the information provided and fill out and return your registration forms to Mr. Zimbelman or Mr. Nowickas by September 10, 2017. There are some minimal fees associated with the Non-Competitive Marching Band level of participation. These fees cover member apparel and uniform maintenance. Checks should be made payable to *West Salem Band Boosters*.

### **Non-Competitive Marching Band Related Fees:**

- \$50/\$20 Apparel Fee. New Members pay \$50. (covers any shirts, hats, and a member jacket). Returning members pay \$20 (covers shirts, hats)
- \$20 Uniform Maintenance Fee (covers routine uniform maintenance and care)
- \$20 BERP Device for Brass Players Only (not applicable if you already own one)
- \$12 Garment Bag

If you still have questions about our program please contact any of the people listed below.

Todd Zimbelman, Band Director - [zimbelman\\_todd@salkeiz.k12.or.us](mailto:zimbelman_todd@salkeiz.k12.or.us)

James Nowickas, Assistant Band Director – [nowickas\\_james@salkeiz.k12.or.us](mailto:nowickas_james@salkeiz.k12.or.us)

Eric Deleon, WS Band Booster President – [president@westsalemband.org](mailto:president@westsalemband.org)

Karin Faust, WS Band Booster Treasurer – [treasurer1@westsalemband.org](mailto:treasurer1@westsalemband.org)

**WEST SALEM NON-COMPETITIVE MARCHING BAND – REGISTRATION FORM**

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Marching Instrument: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Phone Number : \_\_\_\_\_  
Student E-mail: \_\_\_\_\_  
Student Cell Phone: \_\_\_\_\_  
Students Primary Address: \_\_\_\_\_

Student Resides with  Both Parents,  Mother,  Father  
Mothers Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mothers E-Mail: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fathers E-Mail: \_\_\_\_\_  
Okay to add my contact information to a band directory? Yes  No

**WEST SALEM NON-COMPETITIVE MARCHING BAND – FEE FORM**

Student Name: \_\_\_\_\_  
Name and email of person responsible for fees: \_\_\_\_\_  
\_\_\_\_\_

	Applicable Amount
Apparel Fee – New Member \$50 or Returning Member \$20	_____
Uniform Maintenance Fee - \$20	_____
Brass BERP Device (Brass only, if not acquired already) - \$20	_____
Garment Bag - \$12	_____
<b>TOTAL FEES DUE:</b>	_____

*Please submit the fees to the West Salem Band Boosters by October 1<sup>st</sup>.*

# HEALTH HISTORY AND AUTHORIZATION

## CONCENT TO TREAT A MINOR

PRINT STUDENT NAME \_\_\_\_\_

Dear Parent,

This form may be used in the event that your student requires medical attention and you cannot be contacted. If your students' physician cannot be reached, or if a physician feels the student should be treated in an Emergency Room, this completed form will accompany your student.

I, (Parent/Guardian Name) \_\_\_\_\_ certify that I am the

Parent/Legal Guardian of the following child (Students Name) \_\_\_\_\_

born on (M/D/Y) \_\_\_\_\_. As such, I hereby authorize West Salem Instrumental Music and Dance/Guard Ensemble instructors and chaperones who are 18 years of age or older, to consent to any normal and/or emergency medical and/or surgical treatment of the above child which is deemed advisable if I cannot reasonably be located through the information set out on this form when the child is brought in for treatment. This authorization is effective July 1, 2017 to June 30, 2018.

Health Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_

(Please note, in the interest of ease, it would be advisable that your student carry their health insurance information card/or photocopy with them at all times.)

Students' Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Please list any allergies (bee sting, medications, latex, etc.), illnesses or conditions that the adults traveling with your student should be aware of:

If your student is currently taking any prescription medications, they all must be listed below (all information will be kept strictly confidential and only used in case of an emergency):

If my child becomes unwell and requests non-prescription medication (such as Ibuprofen, etc.), I hereby give my permission for an adult to provide it to them. I have listed any exceptions below:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# RELEASE OF LIABILITY AND HOLD HARMLESS

PRINT STUDENT NAME \_\_\_\_\_

As a parent, I understand and agree that participation in this activity, which is physical in nature, has its natural risks. I agree to defend, release from liability and hold harmless the school district, chaperones, employees and volunteers along with the destinations for camps and competitions from any and all claims and liabilities arising out of participation in this activity, except those which result from sole negligence of the district.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release

I hereby grant permission to the West Salem Band program to use photographs and images taken at rehearsals, festivals, and performances on its website or in its printed materials without further consideration. I understand that my student may be in one of those photos and I acknowledge WSBB's right to crop or treat the photograph at its discretion. I understand that pictures placed on a web page will be accessible to anyone with Internet access and maybe used in instructional settings. I also understand that NO complete names are posted with these photos on the website.

I am of full age (18 years) and have the right to contract in my own name or for the minor named below. I have read this release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

Student Signature (only if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (for minors) \_\_\_\_\_ Date \_\_\_\_\_

## Certification You Have Read and Understand

We have read the 2017-2018 Handbook and fully understand its contents. By signing below, I agree to abide by the rules, regulations, and policies stated herein. The Handbook can be located online through the Members Only Webpage on the West Salem Band Website: [www.westsalemband.org](http://www.westsalemband.org). Password to the Members Only Webpage is: wstb13

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# **WEST SALEM NON-COMPETITIVE MARCHING BAND APPLICATION**

*Use this form if your student is performing with **ADVANCED BAND** or **WIND ENSEMBLE** and will be **opting out of Competitive Marching Band**. Students performing in **CONCERT BAND CLASS** do not need to fill out this form, but do need to return the rest of this packet (pages 1-4).*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Email: \_\_\_\_\_

Reason requesting non-competitive marching band status (typically a fall varsity, sport, conflicting sport, or a medical issue):

---

---

---

---

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*All non-competitive marching band members participate in the home football games, stand still performances, and parades. Non-Competitive Marching Band Fees apply. See page 2 of this packet ("Fee Form").*

-----

***below for director use***

Status Accepted

Status Declined

Reason for declined status:

---

---

Director Signature

\_\_\_\_\_  
Todd Zimbelman

\_\_\_\_\_  
Date