



**THIS PACKET IS FOR
NON-COMPETITIVE
MARCHING BAND
STUDENTS**

**Students that are in a band or
percussion class, but are not in the
Competitive Marching Band**



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

James Nowickas, Assistant Band Director – nowickas_james@salkeiz.k12.or.us

Eric Deleon, WS Band Booster President – president@westsalemband.org

Karin Faust, WS Band Booster Treasurer – westsalemband@gmail.com

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 | _____ |
| TOTAL FEES DUE: | _____ |

Please submit the fees to the West Salem Band Boosters by October 1st.

HEALTH HISTORY AND AUTHORIZATION

CONSENT 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. 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