

Student's Last Name \_\_\_\_\_

### STARR'S MILL BAND PROGRAM FAMILY INFORMATION FORM

Check all that apply:  Marching Band  Colorguard  Winterguard  Percussion  
 Wind Ensemble  Symphonic  Concert  Jazz

**ADDRESS INFORMATION:**

ALTERNATE ADDRESS (if necessary)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

| STUDENT INFORMATION       | FATHER'S INFORMATION | MOTHER'S INFORMATION |
|---------------------------|----------------------|----------------------|
| First Name: _____         | First Name: _____    | First Name: _____    |
| Last Name: _____          | Last Name: _____     | Last Name: _____     |
| Nickname: _____           | E-Mail: _____        | E-Mail: _____        |
| E-Mail: _____             | Occupation: _____    | Occupation: _____    |
| Grade: <u>2017-18</u>     | Company: _____       | Company: _____       |
| Birthdate: _____          | Cell Phone: _____    | Cell Phone: _____    |
| Primary Instrument: _____ | Work Phone: _____    | Work Phone: _____    |

**VOLUNTEER OPPORTUNITIES:** Volunteers are very important to our organization. Please check each activity below that you would be willing to participate in.

|                          |                          |                                  |                          |                          |   |
|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Chaperone Band Camp              | <input type="checkbox"/> | <input type="checkbox"/> | Sewing Uniforms and Flags               |
| <input type="checkbox"/> | <input type="checkbox"/> | Chaperone Marching Practices     | <input type="checkbox"/> | <input type="checkbox"/> | Send in food for Band Camp/Competitions |
| <input type="checkbox"/> | <input type="checkbox"/> | Chaperone Football Games         | <input type="checkbox"/> | <input type="checkbox"/> | Help with concessions                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Chaperone Competitions           | <input type="checkbox"/> | <input type="checkbox"/> | Help with Night Of Starrs               |
| <input type="checkbox"/> | <input type="checkbox"/> | Chaperone Concert Season Events  | <input type="checkbox"/> | <input type="checkbox"/> | Help with Car Wash                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Pit Crew (band equipment)        | <input type="checkbox"/> | <input type="checkbox"/> | Help with other fund raising events     |
| <input type="checkbox"/> | <input type="checkbox"/> | Mow March Field (mower provided) | <input type="checkbox"/> | <input type="checkbox"/> | Help with Uniform Fitting               |
| <input type="checkbox"/> | <input type="checkbox"/> | Videography/Photography          | Other Interests: _____   |                          |   |

Please check each box that applies:

- I authorize the use of my student's name or picture for use in news media or stories about the band.
- I authorize the distribution of my student's contact information for the band directory.
- I authorize the distribution of my parent contact information for the band directory.

|                  |
|------------------|
| ROUTING          |
| Comms _____      |
| (for office use) |

Parent's Signature \_\_\_\_\_

## SMHS BAND STUDENT MEDICAL FORM

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

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

All vaccines up to date? \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

Any medical conditions? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Contact Lenses? Yes No (please circle one)

Parent(s) / Legal Guardian(s) Names: \_\_\_\_\_

### Emergency Contact Information:

Phone Numbers: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

E-mail address: \_\_\_\_\_

Physician's Name / Phone: \_\_\_\_\_

Our Directors / Chaperones have the following medications available:

**Advil / Ibuprofen**  
**Benadryl**  
**Burn Ointment or**  
**Cream**  
**Claritin**

**Dramamine**  
**Pepto-Bismol**  
**Rolaids**  
**Steroid Cream**  
**Sudafed**

**Triple Antibiotic**  
**Ointment or Cream**  
**Tylenol /**  
**Acetaminophen**

Do you give permission for these over-the-counter medications to be administered to your student if needed?

\_\_\_\_\_ YES (cross out any medications you do NOT want administered)

\_\_\_\_\_ NO

I hereby give permission for the Starr's Mill Band Boosters and staff to seek medical attention and release medical history forms for my student as deemed necessary.

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

\_\_\_\_\_  
Date

# Marching Band Uniform Pieces Order Form

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

\*\*\*\*\* Rookie Uniform Packages \*\*\*\*\*

**This is a required purchase and includes everything you need for the season**

Please choose one of the following packages based on your instrument.

\_\_\_\_\_ Percussion Package \$85  
 \_\_\_\_\_ Woodwinds/Brass Package (includes 4 pairs of gloves) \$100

Shoe size \_\_\_\_\_ Mens/Womens (circle one)  
 Shirt size S M L XL 2xl 3xl (circle one)  
 Shorts size S M L XL 2xl 3xl (circle one)

\*\*\*\*\* Replacement Pieces for Veterans Only \*\*\*\*\*

Please locate and try on your uniform pieces from last year. Order any replacements you need below.

|                             | <u>Quantity</u> | <u>Size</u>      | <u>Price</u> | <u>Total</u> |
|-----------------------------|-----------------|------------------|--------------|--------------|
| Shoes (circle M or W)       | _____           | _____ M/W        | \$45         | _____        |
| Dri fit shirt (circle size) | _____           | S M L XL 2xl 3xl | \$15         | _____        |
| Shorts (circle size)        | _____           | S M L XL 2xl 3xl | \$15         | _____        |
| Socks                       | _____           |                  | \$ 5         | _____        |
| Gloves (White)              | _____           | S M L XL FL      | \$ 4         | _____        |
| Gloves (Black)              | _____           | S M L XL FL      | \$ 4         | _____        |
|                             |                 |                  | Total Due \$ | _____        |

Please direct any questions to Laura Backes at [Lamanzo@hotmail.com](mailto:Lamanzo@hotmail.com)

# Marching Band Fees 2016

## Band and Color Guard

Student's Name: \_\_\_\_\_

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

Parents' Name(s): \_\_\_\_\_

Parents' email: \_\_\_\_\_

Total Fee for marching as approved at the April 2016 Band Booster meeting will be \$650 per student, **plus** uniform items (see attached sheet). **The initial nonrefundable deposit will be due May 10, 2016.** Please note that all fees must be paid in full in order to receive any end of year awards or recognition. The fee schedule will be as follows:

May 10, 2016: \$250.00 **nonrefundable**

July 29, 2016: \$150, plus Uniform fees Deadline

September 1, 2016: \$250.00

Please write your child's name in the subject line of your check made payable to SMHS Band Boosters.

If you have any questions, or to make CASH payments, please contact the Band Booster Treasurer at [SMHSBandTreasurer@smhsband.org](mailto:SMHSBandTreasurer@smhsband.org).