

STARR'S MILL BAND PROGRAM FAMILY INFORMATION FORM

Student's Last Name _____

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 2018-2019

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.

Mom Dad

- Chaperone Band Camp
- Chaperone Marching Practices
- Chaperone Football Games
- Chaperone Competitions
- Chaperone Concert Season Events
- Pit Crew (band equipment)
- Mow March Field (mower provided)
- Videography/Photography

Mom Dad

- Sewing Uniforms and Flags
- Send in food for Band Camp/Competitions
- Help with concessions
- Help with Night Of Starrs
- Help with Car Wash
- Help with other fund raising events
- Help with Uniform Fitting

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.

<p>ROUTING</p> <p>Comms _____</p> <p>(for office use)</p>

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 Fees 2018

Band and Color Guard

Student's Name: _____

Home Phone: _____

Parents' Name(s): _____

Parents' Email: _____

Total Fee for marching as approved by the Band Booster Board will be \$750 per student, **plus** uniform items (see attached sheet). **The initial nonrefundable deposit will be due May 15, 2018.** Please note that all fees must be paid in full in order to receive any end of year Booster sponsored awards or recognition. The fee schedule will be as follows:

May 15, 2018: \$250.00 Nonrefundable, plus uniform fees

July 27, 2018: \$250.00

September 6, 2018: \$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.