

2019-20 NBHS Band-Master Agreement Form

Student Name: _____

Entering Grade _____

Adult Initials Student Initials

_____ HANDBOOK: I have read the Band Student Handbook (2019-20 edition) (Online) and agree to abide by all of the expectations outlined.

_____ MEDIA RELEASE: I give consent for photos and video to be taken for band specific use.

_____ PAYMENT AGREEMENT: I have read the 2019-20 Payment Schedule/Agreement form and understand the expectations set forth.

Student Signature

Date

Parent/Guardian Signature

Date

****A current physical must also be on file***

NBHS BAND PHOTO/VIDEO POLICY

The New Bern Band uses pictures/video and sound recordings of its band members for many purposes including yearly publicity, website, slide shows for awards ceremonies, brochures for fundraising and artwork. This form authorizes consent to publish your child's written work, artwork, spoken message, instrumental recording or photograph in whole or in part.

No personal information such as home address or phone numbers will be published. Rarely will we associate your son/daughters name with pictures on any project. One exception may include newspaper articles.

Handbook Information

Please review the 2019-20 edition of the Band Handbook.
<http://bit.ly/nbhshandbook2019>

Payment Schedule

We encumber many costs in advance on students' behalf. For this reason there can be no refunds due to ineligibility or change of schedule, as expenses are pre-paid. Parents of any student with financial difficulty must contact the treasurer or director by email in advance of any due date affected for an extension. TOTAL PARTICIPATION IN ALL FUNDRAISERS IS REQUIRED FOR ANYONE IN THIS CIRCUMSTANCE.

Additional Notes:

1. Damage to school owned instruments will be paid by the student using it
2. Band and Guard students participating in Summer Band Camps and/or Training but deciding not to enroll in band in the fall will owe a minimum of \$125 plus direct charges for shoes/gloves that were received by the student. Quitting or being dismissed during the fall season will hold the family responsible for the entire cost. No payments are refundable.

Payment Schedule:	
<u>Due Date</u>	<u>Amount Details</u> * <i>All payments are due on the last weekday of the month.</i>
The ability for the band program to provide opportunities for each child is directly related to timely payments and fundraising participation.	
Fri. June 28	First Payment..... \$84.00
Mon, July 29	Second Payment..... \$84.00, plus \$32 for shoes, if needed
Fri. Aug. 30	Third Payment \$84.00
Fri. Sept 27	Fourth Payment.... \$84.00
Thurs. Oct. 31	Fifth Payment..... \$84.00
Fri. Nov. 29	Sixth Payment..... \$80.00
Total fees for 2019 Marching Season..... \$500.00	

2 Ways to Pay:

1. Bring cash/check to the band hall payable to "New Bern Band Club." Place payments in an envelope outside of Mr. Elbing's door and put in the black drop box.
2. Credit card payment via PayPal on the website: charmsoffice.com (3% convenience charge added)

You can lower/pay for your band/guard costs by participating in these fundraising opportunities:

- Football Program Ad sale-25% credit per ad sold (June)
- Friends and Family Sponsorship-50% credit per donation (July)
- Moore's Bar-B-Que-approx. \$5 per ticket sold (August)
- Fruit Sales-Approx. 20% of total amount sold (October)
- Other opportunities will be announced throughout the year

Band/Guard Cost Breakdown:

- July camp costs-music and instruction
- Uniform costs-2 pairs of gloves for wind players, cleaning and maintenance, guard uniform
- Band t-shirt to wear and compression shirt
- Competition entry fees and travel expenses
- Band and Colorguard supplies including flag material, equipment and repairs
- Music arrangements, licensing, drill design, instruction and technical assistance for band and guard

Band fees do not pay for every expense that the band incurs thought the year. Fundraising is necessary to provide for the program. *All fundraisers are mandatory, regardless of financial responsibilities.***

NBHS Payment Schedule Agreement

Important Note: We are here to help and give every child a chance at this great opportunity. However, in order for everyone to be able to enjoy these benefits we need help from all families to pay specific bills on time. Please communicate early. It is important that payments are made on time. Late payments may be assessed an additional \$10 late fee, unless previous arrangements have been made.

I have read and agree to the following:

- ❖ I am aware of the Fee Schedule
- ❖ I am able to commit financially to the fee schedule provided (\$500, plus additional costs) or willing to participate in fundraisers to work this down.
- ❖ I understand that no payments of any kind are refundable
- ❖ **I understand that dismissal of or quitting the squad still holds me responsible of the entirety of the marching band payment**
- ❖ I am aware that there are several fundraising opportunities available to offset the financial requirements.
- ❖ I may be required to help with mandatory fundraisers
- ❖ Fundraising credits may only be applied to specific charges.
- ❖ If there are any financial stresses, I must communicate with the Band Director and/or Band Club Treasurer.
- ❖ ***Failure to pay any fees owed will result in a student's inability to take part in the marching band and participate in school functions, such as Band trips, prom, Senior Breakfast, Band Banquet, and Graduation ceremony.***

*For questions or concerns, please feel free to contact Mr. Christopher Elbing, Director of Bands, at chris.elbing@cravenk12.org or at 252-514-6045.

Please contact the band director to discuss alternate payment plans. All information will be kept confidential between the director and treasurer.

NBHS BAND MEDICAL FORM

STUDENT NAME: _____
Last name first name middle initial

Emergency Contact Information	
Student's Birth Date : _____	Blood Type (Opt.) _____
Address: _____	Home # _____
Father: _____	Ph: _____ Cell <input type="checkbox"/> Work <input type="checkbox"/>
Mother: _____	Ph: _____ Cell <input type="checkbox"/> Work <input type="checkbox"/>
Other Contact:	
Name: _____	Phone # _____
Relationship: _____	

ALLEGRIES/MEDICAL CONDITIONS

Food allergies Yes No *If yes, Mild Severe*

If yes, what are the allergies: _____

Bug bites/strings/plant allergies Yes No *If yes, Mild Severe*

If yes, what are the allergies: _____

Allergic to specific medications Yes No *If yes, Mild Severe*

If yes, what are the allergies: _____

Or there any other medical conditions that we need know about (i.e. asthma, diabetes, seizures, heart conditions Yes No *If yes, Mild Severe*

If yes, what are the allergies: _____

Are there any special medications for your child? If so, please list them.

**Important Notice: Parents who have students with conditions that require extra monitoring (uncontrollable seizures, fainting spells, frequent severe asthma) will need to plan to travel with the band or attend performances and care for their child. Students may not be able to travel with the band if there are liability concerns for the program.*

Insurance Information
Is your child covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please fill out the following information:
Insurance Provider: _____ Policy #: _____
Physician's Ph#: (Opt): _____
If your child is seriously injured, and band personnel are unable to contact any person on this form, may school personnel have an ambulance transport your child to an emergency center? Yes <input type="checkbox"/> No <input type="checkbox"/> :

All information on this form will be held in the strictest confidence. From time to time emergencies arise and band personnel must locate someone who can care for your child. If an emergency should arise for which medical assistance is needed, I give my permission for the Band Director(s) or a chaperone assigned by the band director to seek medical attention.

Signature of Parent or Guardian

Date

Craven County Schools/New Bern High School Trip Form

Child's Name: _____

Date(s) of Field Trip: _____ See Below _____

A Detailed Trip Itinerary is attached **(Note: Itineraries will be distributed the Monday prior)**

Mode of Transportation: _____ Activity Bus _____

Supervising Teacher's Name(s): _____ Chris Elbing _____

School Name: _____ New Bern High School _____

I hereby grant my informed consent and permission for _____ to
(Student's name)

attend the school supported field trip described above. In the event of an accident or medical emergency, I authorize any supervising teachers on the trip to seek medical assistance, and I will assume responsibility for all expenses. I hereby fully and unconditionally discharge and release from liability the Craven County Board of Education, its agents and employees from any and all claims of any nature arising or resulting from the activities described above.

PARENT / GUARDIAN SIGNATURE

DATE

Marching Band Activities:

- **Away Football Games to:**

Havelock HS	Aug. 24
Play-off games TBD	Nov.9-Dec.8
- **Marching Band Competitions (All sites are tentative, dates are confirmed):**

West Craven HS	Sat. Sept. 28
Competition TBD	Sat. Oct. 5
White Oak HS	Sat. Oct. 12
Fuquay-Varina or Topsail HS (Date TBD)	Sat. Oct. 19
Corinth Holder HS	Sat. Oct. 26
Havelock HS (SAT DATE)	Sat. Nov. 2
- **Community Performances** Dates TBD
- **Parades**

New Bern Christmas Parade (SAT DATE)	Sat. Dec. 7
Trent Woods Christmas Parade	Sun. Dec. 8
- **Possible Outreach Concerts**

Elementary and Middle School	TBA-December-January
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NBHS BAND CONTACT FORM

THE NEW BERN HIGH SCHOOL BAND NEEDS VOLUNTEERS IN SOME SHAPE OR FORM IN ORDER TO BE SUCCESSFUL. WE ASK THAT YOU DO WHAT YOU CAN.

STUDENT'S NAME:

STUDENT EMAIL: _____

MOTHER

Name: _____

Home/Cell Phone: _____ Work Phone: _____

Home Mailing Address: _____

Email: _____

FATHER

Name: _____

Home/Cell Phone: _____ Work Phone: _____

Home Mailing Address: _____

Email: _____

Please indicate if either or both parents can help in any of the following areas (M=Mother, F=Father):

Fund-raising	M__ F__	Telephone Calling	M__ F__
Chaperone	M__ F__	Guard Make-up	M__ F__
First Aid	M__ F__	Public Relations	M__ F__
Sewing	M__ F__	Notary Public	M__ F__
Uniforms	M__ F__	Photography	M__ F__
Bus Driving	M__ F__	Video Taping	M__ F__
Truck/Trailer Driving	M__ F__	Baking	M__ F__
Equipment Moving	M__ F__	Merchandise/Souvenirs	M__ F__
Carpentry	M__ F__	Printing	M__ F__
Welding	M__ F__	Graphic Design	M__ F__
Office Help	M__ F__	Party/Banquet Planning	M__ F__

Please indicate if you have contacts with people in the following businesses:

Costumes	M__ F__	Lodging	M__ F__
Dance Wear	M__ F__	Printing	M__ F__
Athletic Wear	M__ F__	Restaurants	M__ F__
Fabric Sales	M__ F__	Transportations	M__ F__
Graphic Designs	M__ F__	Trophies/Awards	M__ F__