

2022-23 NBHS Band-Master Agreement Form

Student Name: _____

Entering Grade _____

Adult Initials Student Initials

_____ HANDBOOK: I have read the Band Student Handbook (2022-23 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. Check only if **you do not** give consent.

_____ PAYMENT AGREEMENT: I have read the 2022-23 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 2022-23 edition of the Band Handbook. It can be found at www.newbernbands.org

NBHS BAND FAMILY CONTACT FORM

Please complete the 2022-23 Contact form [here](#) or visit <https://bit.ly/nbhs2022>

Charms Office Self-Registration

<https://bit.ly/nbhscharms>

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.

2 Ways to Pay:

Payment Schedule:	
Due Date	Amount Details *All payments are due on the last weekday of the month.
The ability for the band program to provide opportunities for each child is directly related to timely payments and fundraising participation.	
Mon. July 18	First Payment.....\$80.00 (First day of camps)
Fri. Aug. 26	Second Payment.....\$80.00, plus \$32 for shoes, if needed
Thur. Sept. 29	Third Payment.....\$80.00
Thurs. Oct. 27	Fourth Payment.....\$80.00
Tues. Nov. 29	Fifth Payment.....\$80.00
Tues. Dec. 13	Sixth Payment.....\$80.00
Total fees for 2022 Marching Season\$480.00*	
<i>*Does not include cost of shoes or guard warm-ups suits.</i>	

1. Bring cash/check to the band room 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:

- Calendar Fundraiser-100% credit (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, drill, and instruction
- Uniform costs-2 pairs of black gloves for wind players, cleaning and maintenance, guard uniform
- Band t-shirt for all students and compression shirt for wind and percussion students
- Competition entry fees and travel expenses
- Guard uniforms
- Band and Cologuard supplies including flags and poles 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, 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.

I have read and agree to the following:

- ❖ I am aware of the Fee Schedule
- ❖ I am financially committing to the fee schedule provided (\$480, plus additional costs) or will participate in fundraisers towards this cost.
- ❖ 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, Parking Pass, 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
(Print and Submit)**

STUDENT NAME: _____
Last name first name middle initial

Emergency Contact Information	
Student's Birth Date : _____	Blood Type (Opt.) _____
Address: _____	
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? Yes 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 No**

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
(Print and Submit)**

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, Colin McKeon

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:**

West Craven HS	Sept. 16
Play-off games TBD	November-December

- **Marching Band Competitions/Trips**

ECU Band Day	Sat. Sept 10
West Craven HS	Sat. Sept. 24
Jacksonville-TBD	Sat. Oct. 1
TBD	Sat. Oct. 8
Bands of America-Winston Salem	Sat. Oct. 15
Havelock HS (SAT DATE)	Sat. Oct. 29

- **Community Performances** Dates TBD
- **Parades**

New Bern Christmas Parade (SAT DATE)	Sat. Dec. 3
Trent Woods Christmas Parade	Sun. Dec. 4

- **Possible Outreach Concerts**

Elementary and Middle School	TBA-December-January
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