



2018 Marching Band Season Intent Form

www.Wheatmorebands.weebly.com

Jenny Beck, Director

Thank you for showing interest in the Wheatmore Marching Warriors 2017-2018 season. We are looking forward to an incredible and memorable season ahead! Please take the opportunity to become familiar with our website at Wheatmorebands.weebly.com and subscribe to our calendar. Below is information retaining to this season and the obligations and commitment that come with high school marching band.

2018 Calendar of events- posted online and printed sent to families before May 1st

2018 SEASON POLICIES

- I. Absences (All notes must include the student's name, date, date to be missed, reason for absence, parent's signature, and a phone number)
 - A. Excused Absences - Acceptable excuses are sickness or family emergencies.
 - A student may be excused from a performance with a written note if turned in before. All Performances are required.
 - A student may be excused from three practices during the season with a note turned in at least one week in advance to the director.
 - A student may be excused due to illness with a phone call prior to the performance and present a note when they return.
 - B. Unexcused absences - missing a practice or performance without prior written approval
 - Missed Practice: phone call home, detention
 - Missed football game: phone call home, two detentions
 - Missed Competition: Loss of performance privilege, three detentions, phone call home

- II. Tardiness (early is on time, on time is late, late is to be left behind). Students are expected to show up on time and be ready for all events at call time. This means that students have arrived early enough to gather supplies, use the bathroom, change, etc BEFORE the time on the agenda is listed. All events including rehearsals, football games, competitions, and parades fall under this category. The following procedures will be followed and implemented.
 - A. First tardy- warning
 - B. Second tardy- physical activity or make up time-
 - C. Third tardy- physical activity AND make up time- student conference
 - Physical activity may include jogging/running laps
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- III. Inappropriate attire (all inappropriate attire must be changed prior to beginning band function)
 - Tennis shoes must be worn at all times
 - No undergarments may be showing
 - No midriff shirts
 - No clothes with vulgar or offensive language or pictures
- IV. Inappropriate behavior
 - Talking while the instructor, Drum Major, or captain is talking
 - Cursing
 - Refusal to follow instructions
 - Chewing Gum
 - Eating food in the band room without permission
 - Public displays of affection
 - All School rules apply at all times (any further occurrences will be dealt with on an individual basis.)
 - a) First offense- warning
 - b) Second offense- physical activity under instructor's discretion
 - c) Third offense- physical activity under instructor's discretion- student conference with instructors.
 - d) Fourth offense- physical activity under instructor's discretion- parent conference with instructors and school administration.

MARCHING BAND NECESSARY SUPPLIES

Through the marching season, your student will need several supplies. Most of these supplies you can purchase yourself. These items include:

Good Tennis shoes and socks

Sunscreen

Hat (optional but recommended)

Water bottle- the gallon container is a great investment

Flip Folder (for your individual instrument) (can be found online or at a music store)

Flip Folder sheets for music (can be found online or at a music store)

Lyre (for your individual instrument) (can be found online or at a music store)

Small drawstring bag to carry supplies for rehearsals/competitions

PLEASE KEEP THIS FIRST HALF
FOR YOUR RECORDS

Please fill out all information and return to Ms. Jennifer Beck, the Band Director via mail, scanned email, or in person.

PARENTAL/GUARDIAN COMMITMENT UNDERSTANDING

Please initial each individual point

MY STUDENT _____ AND I UNDERSTAND AND ADHERE TO THE
FOLLOWING:

_____ TIME for Marching Band: I realize that my student will be required to spend hours outside of the classroom. Unexcused absences from practices and performances will negatively impact my child's grade. As a parent I will encourage my child to be on time and have a respectful attitude toward section leaders, drum majors and Ms. Beck during practices and performances.

_____ Volunteers: I realize that the band cannot function without parent involvement. I am welcome to participate with the band boosters; attending monthly meetings, serving on committees and volunteering for various tasks that need to be done.

- If I choose not to participate on a standing committee, I should assist with at least one Friday night game and one Saturday competition.

_____ Finances: I realize that the county/school system does not fully fund band.

- The marching band fee helps pay for all aspects of the season including music, instruction, merchandise, supplies, bus costs, etc.
- Each student will be required to pay a band fee of \$250.00 for the 2018 season
- Understanding that at most marching band performances, snacks may be provided- yet your student may need extra funds for meals etc- especially on Saturday competitions.
- Payment plans are available. I can speak to Ms. Beck personally if necessary to make arrangements to assure my student can participate.

_____ Uniform attire: I understand that the Band Program provides hats, jackets, bibs, and gauntlets.

- New Marching band members/freshmen will need to purchase gloves, and marching shoes through the band program.
- I am welcome to use 2nd hand shoes from last year/a former band students. *I can inquire with a member of the uniform committee to seek out 2nd hand items.*
- Returning band members needing replacement shoes or gloves can purchase individual items as needed.

- Items needed for uniforms MUST be paid by the beginning of school. Items cannot be ordered late. No credit will be issued.
- The student uniform should remain at the school at all times. Students may not take home uniforms for any reason.
- I understand that the uniform is to be kept neat and orderly. The jacket will be dry cleaned at the end of the year and the bibs will be washed at the school when needed.

Please only check if applies:

_____ I need Ms. Beck to contact me to work out special arrangements for payments.

Please call phone number: _____

Best days/time to reach me are: _____

_____ I need to speak to Ms. Beck concerning ordering a lyre and flip folder for my student.

BAND PARENT VOLUNTEER FORM 2018

Please take a moment to fill out this survey. Since circumstances can change for each of us, please don't consider this as binding or committing you to specific tasks. Check all areas that apply & return this form. If you have any questions or comments, contact a band booster officer or Ms. Beck.

STUDENT UNIFORM MEASUREMENTS

The uniform committee will work to size your students uniform to the best of their ability. Please help by taking these measurements ahead of time so we can begin the fitting process.

Instructions: In all instances use a flexible/soft tape measure and hold the tape firm and level, but never tight.

Head: Marchers with long hair should pin up their hair as they would for a performance (no hair touching the collar) before measuring. Place the tape measure above the brow and measure around the largest part of the head.

HEIGHT _____

CHEST _____

WAIST _____

Chest: Wrap a tape measure around the fullest part of the chest under the arms.

HEAD _____

Waist: Wrap a tape measure around the natural waistline - not necessarily where the pants are worn.

HIP _____

Seat/Hip: Standing with feet close together and weight evenly distributed measure around the fullest part of the hip. Keep the measuring tape level.

SHOE _____

SIGNED CONTRACT

Student name _____ Student grade _____

Please check one of the following:

_____ Marching instrument: _____

_____ Front ensemble (pit)

_____ Marching Battery (drum line)

_____ Color Guard

T shirt size (please circle one) XS S M L XL 2XL 3XL

Student cell # _____ home phone _____

Student personal email _____

Home address _____

Please provide a valid email address to be contacted as the guardian of this student

Handbook Policy

As a member of the Wheatmore High School Marching Band, I certify that I have read and understand all of the material in the band handbook and will strive to schedule all events and practices as they are brought to my attention. I will do my best to communicate effectively to my band director and parents as need be. I will to the best of my ability, abide by all school rules of conduct and dress. I will regularly attend rehearsals and performances, providing written parent/guardian approved excuses for missed rehearsals, including at least one month advance notice for pre-planned absences. I understand that failure to abide by these rules may result in my removal from the band.

X _____ Date _____

Student signature

Handbook Policy

As a parent/guardian of a member of the Wheatmore High School Marching Band, I have read and understand all of the information in the band handbook. I will to the best of my ability, ensure that my student adheres to all school rules and regularly attends rehearsals and performances. I will provide sufficient and timely notice if my student has a pre-planned appointment/conflict. I will strive to the best of my ability to effectively communicate to my student and their band director about any concerns or inquiries that I may have.

X _____ Date _____

Parent signature

Remind Policy

*As a parent/guardian of a member of the Wheatmore High School Marching Band, I understand that communication is key to success in this organization. I give permission to Ms. Beck, Director of Bands at Wheatmore High School to communicate through **Remind**, a secure text platform that allows educators to effectively communicate to students and parents. Ms. Beck is given permission to use mine and my students' cell phone number on this platform.*

X _____ Date _____
Student signature

X _____ Date _____
Parent signature

Video and Audio Recording Consent

Because of the nature of the Performing Arts, it is necessary to record audio and video clips of rehearsals, performances, and activity logs (for the Banquet slideshow for example). Such recordings are used exclusively for assessment, learning assessments, and memorabilia. Please sign below indicating that you are aware that your students will be recorded in a group setting when involved with this activity. If there is a concern or request not to record or take pictures of your student- please contact Ms. Beck personally and clarify below.

X _____ Date _____
Student signature

X _____ Date _____
Parent signature



Student Health Information

Student Name: _____ DOB: _____ Teacher/Grade _____

Parent/Guardian: _____ H) _____ C) _____ W) _____

Parent/Guardian/Emergency Contact: _____ H) _____ C) _____ W) _____

Physician's Name: _____ Phone #: _____ Hospital Preference: _____

Does your child have any of the following health issues?

Allergies: Yes No If Yes, allergic to what? _____

List symptoms of allergy: _____

Is medication(s) required at school, list _____

Asthma: Yes No If Yes, when was the last attack? _____

Is medication(s) required at school, list _____

What causes the attack? _____

Seizures: Yes No If Yes, date of last seizure: _____

If Yes, what type of seizures: _____

Is medication(s) required at school? _____

Diabetes: Yes No If Yes, name of insulin/medication(s): _____

Heart Problems: Yes No Is exercise limited: Yes No Taking Medication(s): Yes No

Type of problem: _____ List medication(s) _____

Does your child have: Hearing Loss: Yes No Hearing Aids: Yes No Glasses: Yes No Contacts: Yes No

Other Health Issues: Yes No List _____

Does your child need to take other medication(s) at school: Yes No What/Why? _____

**** All medication(s) administered at school MUST be authorized by the child's physician!!****

Parent(s) **MUST** provide all medication(s) to be given at school. Request Medication Form from school staff.

List signs and symptoms regarding your child's illness you have listed above.

- 1. _____
- 2. _____
- 3. _____

Actions to be taken:

- 1. _____
- 2. _____
- 3. _____

Would you like to be contacted by the nurse regarding any medical condition(s). Yes, at _____ No

Parent/Guardian Signature: _____ Date: _____



Request For Medication To Be Given During School Hours and/or School Sponsored Activities

TO BE COMPLETED BY PHYSICIAN

Please complete one form for each medicine to be administered

Name of Student: _____ DOB: _____

Teacher (Grade): _____ School: _____

Medication: _____ Dosage: _____

Date Range for to administered medicine: _____ to _____

Time of Day to administer medicine: _____

Significant Information (include side effects, toxic reactions, and omission reactions):

Contraindications for Administration:

Physician's Signature: _____ Date: _____

Office Address: _____ Phone: _____

This medication must be furnished by a parent/guardian within a container properly labeled by a pharmacist with identifying information (e.g. Name of child, medication dispensed, dosage prescribed, and the time it is to be given).

TO BE COMPLETED BY PARENT/GUARDIAN

If an emergency situation occurs during the school day, school officials are to: (check all that apply)

- Contact/call me at _____
Take my child immediately to the emergency department at _____
Other: _____

I hereby give my permission for my child (named above) to receive medication during school hours and/or school sponsored activities. This medication has been prescribed by a licensed physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent/Guardian Signature: _____ Date: _____

Contact Number: _____

School Use Only:

Name and title of person to administer medication: _____

Reviewed by: _____

School Nurse Signature

Date