

# Siegel High School Band Membership Agreement

**SIEGEL BAND**



SIEGEL HIGH SCHOOL BAND  
ESTABLISHED 2003

## 2024-2025 FINANCIAL

Parent/guardian understands their responsibility to pay the contributions scheduled below, agrees to communicate with the booster treasurers if any delay in payment occurs, and acknowledges that the first deposit is required for their student to be considered for a spot in the marching band show and that all contributions are non-refundable. Please contact a band director or booster treasurer with questions or concerns.

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|----------------------|---------|--|
| • Obligation #1      | \$250   | Due by <b>Friday, May 24, 2024</b>       |
| • Instrument Rental* | \$50    | Due by <b>Friday, May 24, 2024</b>       |
| • Obligation #2      | \$250   | Due by <b>Thursday, July 25, 2024</b>    |
| • Obligation #3      | \$250   | Due by <b>Friday, August 30, 2024</b>    |
| • Obligation #4      | \$150** | Due by <b>Friday, September 27, 2024</b> |

*\*Instrument Rental is only assessed to students using a school-owned instrument (including all percussion instruments). \*\*For families with multiple children in band, this obligation is only \$75.*

## ATTENDANCE

Parent/Guardian has received the calendar and agrees to the following conditions:

1. Student attendance at **ALL** scheduled rehearsals and performances is **required** (Band Camp, etc.)
2. 1 or more unexcused absences may result in a student being barred from performances.
3. Absences may only be excused under the following circumstances - parent email required in advance in all instances:
  - a. Serious personal illness
  - b. Family emergency
  - c. Special permission granted at least 24-hours in advance by the band director(s)

## TRAVEL AND MEDIA RELEASE

Parent/Guardian grants their student permission to travel with the band to all band performances and functions. We understand and agree to all travel rules and procedures outlined in the Siegel High School Student Handbook. Parent/Guardian grants permission to use the likeness of their child in media released by the band in the form of photo or video.

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Release

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

<b>Parent/Guardian 1:</b> Name: _____ Relation: _____ Address: _____ Phone 1 : _____ Phone 2 : _____ Email: _____	<b>Parent/Guardian 2:</b> Name: _____ Relation: _____ Address: _____ Phone 1 : _____ Phone 2 : _____ Email: _____
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In case of Emergency, contact other than parent/guardians:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Student Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

We do not have a family physician

Are there medical problems, allergies, or other information that would be helpful in providing a safe environment while your child participates in band activities and trips?

If Yes, these are the details: \_\_\_\_\_

List of ALL allergies: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Medications currently in use: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

We do not have health insurance.

I give permission for the Siegel Band Staff, Medical Staff, and/or Adult Chaperones to provide the following over the counter medications and/or services in case of injury or illness (check all that apply) :

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Aleve/Naproxen	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Lozenges	<input type="checkbox"/> Bee Sting Swab
<input type="checkbox"/> Decongestant	<input type="checkbox"/> Anti-Motion Aid	<input type="checkbox"/> First Aid/CPR	

By signing below, I agree to the terms set forth in the membership contract, agree to the conditions set forth for my financial obligations, and grant permission for this document and any other relevant information to be shared with Siegel Band staff, adult volunteers, and medical volunteers.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Name/Signature and Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*NOTARY STAMP REQUIRED ON THIS FORM by RUTHERFORD COUNTY SCHOOLS!\*\*\***