

NORTHGATE HIGH SCHOOL MARCHING BAND

FORMS PACKET (GREEN PACKET) DUE BY MAY 31, 2015

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PLEASE:

- **DO NOT REMOVE STAPLE**
 - **RETURN COMPLETED PACKET WITH ALL FORMS ATTACHED**
- =====

Form A Student / Parent Biographical Information
Form B Band Camp Participation Permission Form
Form C Parent / Student Agreement Form
Form D Uniform Use Contract
Form E Emergency Medical Form (kept on file throughout 2015 – 2016 year)
Form F Permission Slip To Administer Medications
Form G Summer Uniforms / Parent Jackets / Shoes
Form H Band Volunteer Form

Student Name: _____

Northgate High School Marching Band
STUDENT / PARENT BIOGRAPHICAL INFORMATION

Please print all information legibly.

**If your information changes during the year you must let the Band Boosters know.
 In case of an Emergency we have to be able to get a hold of you.**

STUDENT INFORMATION

Name	
Address	
City, Zip	
Home Phone #	
Date of Birth	
Grade	
Instrument Played or Bandfront Section	
Students Cell Phone #	
E-mail Address	

PARENT / GUARDIAN INFORMATION

MOTHER

Name	
Home Phone #	
Work Phone #	
Cell Phone #	
E-mail Address	

FATHER

Name	
Home Phone #	
Work Phone #	
Cell Phone #	
E-mail Address	

If you would like to receive text messages about band information please circle all that apply:

Student

Mother

Father

You may be charged for each text message

**Northgate High School Marching Band
BAND CAMP PARTICIPATION PERMISSION FORM**

Student's Name: _____
Please Print

Primary Responsibilities:

1. Band members **must** attend all scheduled summer practices and performances, including the summer Pre-Band (July 27th through July 31st at the High School) and Band Camp (August 2nd through August 7th at Camp Spencer). Band members must attend all scheduled fall practices and performances.
2. Band Members must comply with the Northgate High School policies as well as established policies of the Northgate Marching Band. (see Code of Conduct)
3. Band Members are responsible for the 2015-2016 required payment (see Payment Schedule). The required payment is payable to the Northgate Band Boosters through fund-raisers and/or direct payment. The first payment of \$100 is due on or before May 31, 2015. The final payment (assessment balance) is due August 1, 2015 and is required in order to participate in pre-band camp.
4. Band Members are responsible for the proper use and care of the summer and fall uniforms and any applicable instruments, supplies, equipment as well as any property of the School District, band and Band Boosters including any cost of replacement due to loss, damage or improper care.
5. Failure to comply with the above responsibilities may result in suspension or dismissal from the Northgate Marching Band and/or legal action.

As an active member of the Northgate Marching Band, I will comply with the aforementioned responsibilities.

Student's Signature

I have read the above and enclosed information regarding the assessed fees and primary responsibilities of a member of the Northgate Marching Band. I agree all monies will be paid by August 1, 2015 in order for my child to participate in Band Camp. My child has my permission to participate. I understand that transportation to Band Camp on Sunday ONLY will be provided. As the parent or legal guardian of the above said student, I understand that I must either provide or arrange for transportation home from Band Camp on Friday after the Parent Show.

Parent/Guardian Signature

**Northgate High School Marching Band
PARENT / STUDENT AGREEMENT FORM**

I have read the *Northgate Band Handbook*. I realize that it takes full cooperation, willingness to make sacrifices and dedication from 100% of the students and parents to make our band as good as it can be.

I further realize that failure to follow the stated policies in this book or directions from the band directors will result in disciplinary action, which could lead to dismissal from the band. I will do my best to cooperate and represent the Northgate Band with integrity at all times.

I agree to support all of the policies stated within the *Northgate Band Handbook*.

Student Signature

Date

Parent/Guardian Signature

Date

**Northgate High School Marching Band
UNIFORM USE CONTRACT**

BAND UNIFORMS

Jacket:	\$255.00
Overlay:	\$275.00
Pants:	\$190.00
Hat:	\$ 85.00
Beret	\$ 25.00
Plume:	\$ 30.00
Hat Emblem:	\$ 10.00
Hat Box:	\$ 10.00
Garment Bag:	\$ 25.00
Hanger:	\$ 5.00

BAND FRONT UNIFORMS

Uniform:	\$250.00
Garment Bag:	\$ 25.00
Hanger:	\$ 5.00

The above prices reflect the tentative cost of the individual uniform parts.

I have read and understand that I am responsible for the cost of replacement of any damaged or lost uniform pieces. I promise to return the original uniform assigned to me in a timely manner upon request.

Student' Name: _____

Student' Signature: _____

Date Signed: _____

Parent's Name: _____

Parent's Signature: _____

**Northgate High School Marching Band
EMERGENCY MEDICAL FORM**

Please Print Information Legibly

Student's Name: _____

Parent/Guardian Names: _____

Address: _____

Birth Date: _____ Home Phone #: _____

Parent Cell Phone#: _____ Work Phone#: _____

MEDICAL AUTHORIZATION

I give my permission for the hospital or doctor to give emergency treatment to my son/daughter in the event of an accident or illness. **SIGN ONLY IN THE PRESENCE OF A NOTARY! YOU WILL ALSO NEED A FORM OF ID IN ORDER TO DO SO.** (i.e., driver's license, passport)

Parent/Guardian Signature_____
Date

Notarized by: _____ Date: _____

MEDICAL INSURANCE INFORMATION

Insurance Company Name: _____

Name of Policy Holder: _____

Group Number: _____ Agreement Number: _____

Employer Name: _____

Employer Address: _____

STUDENT MEDICAL HISTORY

List Allergies: _____

List Current Medications including Inhalers: _____

List All Medical Problems: _____

Date of Last Tetanus Shot: _____

Child's Name _____

Form F

**Northgate High School Marching Band
PERMISSION SLIP TO ADMINISTER MEDICATIONS**

I give my permission for the Band Chaperones to give my son/daughter the following medications as needed.

Please INITIAL in the Yes or No column for each medication below.

Please answer for each listed medication.

Also, please re-list any drug allergies that your child has by adding it to the list and initialing in the NO column.

	YES	NO
Tylenol/ Acetaminophen:		
Motrin/Ibuprofen:		
Benadryl/ Diphenhydramine:		
Maalox/Tums/Antacids:		
If not on the list, please add below		

Child's Name: _____
Please Print

Parent/Guardian Signature

Child's Name _____

Form F

[illegible]

**Northgate High School Marching Band
SUMMER UNIFORMS / PARENT JACKETS / SHOES**

Fittings for the following articles will be held on YTBD in the high school cafeteria. An order form for Cutting Edge Embroidery will be available on that day. Shoes from Dinkles will be available to try on that day as well. If you cannot attend the evening when it has been announced, it will be your responsibility to contact these merchants to purchase the required articles. Payment during this fitting may be made by cash or checks payable to the merchants below.

Cutting Edge Embroidery
681 Union Ave
Pittsburgh, PA 15229
(412) 732-9990

Dinkles Shoes
dinkles.com

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Cutting Edge Embroidery

Instrumentalists

Summer Uniform
Shirt
Shorts

Bandfront

Summer Uniform
Shirt
Shorts
Warm-up Jacket

Parents

Parent Jackets
Chaperone Shirt (mandatory for all chaperones)

Dinkles Shoes

Instrumentalists
Shoes

**Northgate High School Marching Band
VOLUNTEER SIGN-UP FORM**

Dear Parents/Guardians:

Please place your initials next to the events that you would like to chaperone or volunteer for during the 2015-2016 season. Please fill out the other provided line for an additional volunteer. We will contact you at a later date to go over specifics.

Note: All chaperones must have the proper clearances and have attended Mandated Reporter training with Northgate High School. Forms are available in the Administrative Office at the High School or online at <http://www.northgateflamesband.org>

I would like to volunteer for the following:

Chaperone:

Band Festival _____

Football Games _____

Parades _____

Concession Stand: _____

Band Festival: _____

Student' s Name: _____

Parent's Name: _____

Telephone: _____

Email: _____