

# SRHS MUSIC PROGRAM



## Registration for South River High School Summer Marching Band Camp AND General Music Registration for the 2018-2019 School Year

### Part 1. TO BE COMPLETED BY ALL MUSIC PARTICIPANTS

#### General Information

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

School Attended in 2017-2018: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Instrument(s) played or Color Guard: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

T-shirt size (circle): XS Sm Med L XL XXL

#### Parent or Guardian (1)

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

Address (if different from above): \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Parent or Guardian (2)

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

Address (if different from above): \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Emergency Contact:

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

Relationship to Student: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Part 2. TO BE COMPLETED BY ALL MUSIC PARTICIPANTS

### 2018-2019 Music, Uniform, and Instrument Rental Fee Schedule

Please check all that apply. Please note all participants in marching band/color guard must pay the Field Show Fee.

Make Checks payable to South River Music Boosters

1. Write your child's full name and the purpose of the payment on the check and place in an envelope with your child's name and purpose of the payment on the outside.
2. If you are splitting payments into installments, indicate it on the check or on the envelope (payment 1 of 3, etc.).
3. You can place the envelope in the black mailbox outside of Mr. Cavanaugh's office, hand it to a Booster, or mail to South River High School Music Department, 201 Central Ave., East, Edgewater, MD 21037.

#### **Activity fees:**

*FALL – Due by October 1\**

\_\_\_\_\_ \$ 100 Field Show (\*due by August 6)

\_\_\_\_\_ \$ 125 Band

\_\_\_\_\_ \$ 125 Color Guard

\_\_\_\_\_ \$ 100 Orchestra

\_\_\_\_\_ \$ 75 Jazz Band as only music program

\_\_\_\_\_ \$ 25 Jazz Band as additional music program

\_\_\_\_\_ \$ 25 Chorus

\_\_\_\_\_ \$ 15 Additional Choral groups (A Capella, etc.)

\_\_\_\_\_ \$ 60 Instrumental Loan fee (for the entire school year)

*SPRING – Due by February 15*

\_\_\_\_\_ \$ 75 Band

\_\_\_\_\_ \$ 75 Orchestra

\_\_\_\_\_ \$ 75 Jazz Band as only music program

\_\_\_\_\_ \$ 25 Jazz Band Spring as additional music program

\_\_\_\_\_ \$ 25 Chorus

\_\_\_\_\_ \$ 15 Additional Choral Groups (A Capella, etc.)

Uniform fees:

\_\_\_\_\_ \$55 - Marching bibs - due at fitting during band camp\*

\_\_\_\_\_ \$45 - Marching shoes - due at fitting during band camp\*

\_\_\_\_\_ \$65 - Concert dress for ladies- due at fitting

\_\_\_\_\_ \$30 - Concert vest for men due at fitting\*\*

\*Used bibs, marching shoes, dresses, vests, and tuxedo pants & shirts are available for 1/2 price, limited sizes and quantities available

\*\*Men will also need to purchase tuxedo

## Part 3. TO BE COMPLETED BY MARCHING BAND AND COLOR GUARD ONLY

### Fall Marching Band Camp

2018 Summer Marching Band Camp will be held at the following weeks and times:

August 6\*-10; 8:00am - 4:00pm (August 6 for leaders and first year band/color guard only)

August 13-17\*; 3:00pm – 8:00pm (August 18 practice will end at 5:00 to be followed by a family picnic and show)

In order for the fall show to be ready when the football and tournament season begins, it is important for all students to participate in these critical weeks of practice to learn the drill and music, and to interface with the guest clinicians.

Please speak with Mr. Cavanaugh directly if your student is unable to participate but still wishes to be eligible for the fall marching season.

My student is able to participate in Fall Marching Band Camp

Week 1 (Aug 6-10): \_\_\_\_\_ Week 2 (Aug 13-17): \_\_\_\_\_ Both Weeks: \_\_\_\_\_

Please provide a brief description for any scheduling conflicts:

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**Part 4. TO BE COMPLETED BY MARCHING BAND AND COLOR GUARD ONLY**

**Medical Information Form**

In order for your student to participate in Band Camp this form must be completed and signed by a parent or guardian. This form does not require a medical doctor's exam nor signature, and the information provided will be held in strict confidence.

My child, \_\_\_\_\_, has my permission to attend the South River Marching Band Camp from **August 6 through August 18, 2018.**

I understand the camp will be properly chaperoned and supervised at all times. I will not hold the Music Director, Principal, Board of Education, chaperones, Booster leadership or Camp staff responsible in case of an accident.

1. List physical restrictions (if any).

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2. List any allergies that may affect participation in this activity.

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3. List any other special consideration or past medical history that may restrict your child's participation in this activity.

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I give my permission for my child to receive emergency treatment in case of injury or accident. I further understand that I am responsible for any medical expenses not covered by my insurance policy.

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 5. TO BE COMPLETED BY ALL MUSIC PARTICIPANTS**

**South River Music Participant Social Contract**

I, the undersigned Parent/Guardian of \_\_\_\_\_, (student name) do hereby agree to the policies and expectations set forth in this document regarding my son/daughter's involvement in the South River High School Music Program, and agree to follow the requests made by the director and staff in order to ensure a fair and equitable experience for all students who choose to participate. I have included the required fees, or I have spoken with the Director and Treasurer in order to establish a feasible means to submit the necessary payments. I acknowledge that there are Music Program fees both semesters and agree to pay them in a timely manner.

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

Print Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigning student \_\_\_\_\_, (your name) do hereby agree to the policies and expectations set forth in this document regarding my involvement in the South River High School Music Program, and agree to follow the requests made by the Director and staff in order to ensure a fair and equitable experience for all students who choose to participate. I realize that if I choose to violate the policies that my involvement in the South River High School Music Program will be forfeit, and I will lose all privileges and deposits accordant with this program.

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

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

Date: \_\_\_\_\_

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To be completed by South River Music Boosters

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Fee Schedule \_\_\_\_\_ Payment \_\_\_\_\_ Check Number \_\_\_\_\_ Cash (Receipt provided)

\_\_\_\_\_ Marching Band Camp

\_\_\_\_\_ Medical Information Form

\_\_\_\_\_ Social Contract