

2020-2021 Klein Cain High School Band and Color Guard

KCBA Participation Agreement

Part 1 - Provisions

As a member of the Klein Cain High School Band Program, I agree to abide by the following provisions. I understand that failure to adhere to these policies may result in my immediate removal from the program and that such removal will result in the loss of all membership privileges.

Code of Conduct

I understand that membership in the Klein Cain High School Band Program is a privilege. I understand that as a member of the band I will be considered a school leader, and I expect to be held to the very highest of standards.

I understand that I have a responsibility to uphold the commitment I have made to all other members. Because of this, I will strive to master my individual musical/visual responsibilities to the best of my ability. I also understand that the band program is comprised of many members with varying levels of experience and ability, and I agree to help and support other student members. **I understand that I must never be involved in actions that may cause divisiveness between members or sections of the ensemble!**

I understand that when in uniform, I will conduct myself in a professional manner at all times. This includes no running or horseplay while in uniform, eating (unless instructed that it is acceptable in special circumstances) while in uniform, as well as using derogatory or inappropriate language while in uniform. THIS INCLUDES BEHAVIOR ON BUSES WHILE TRAVELING IN UNIFORM!!!

I agree to abide by the Klein ISD Student Code of Conduct at all times. I understand that failure to abide by the code of conduct at any time may result in my immediate removal from the ensemble. If such infraction occurs while on an overnight trip, I understand that I will immediately be sent home at my own additional expense.

Attendance

I understand that attendance at every scheduled rehearsal and performance is mandatory. I realize that this is necessary because the absence of one student hinders the ability of others to effectively rehearse or perform. I acknowledge that I have received a rehearsal schedule for the 2019-2020 Marching Band. I also understand that a calendar for the entirety of the school year will be distributed the first week of classes. I understand that any unexcused absences may result in loss of performance privileges, or my immediate removal from the ensemble. In the event of unforeseen emergency or illness, I agree to notify a Director as soon as possible.

All absence requests must be submitted on line as soon as a conflict becomes apparent, and must be submitted two weeks in advance to be considered. Please submit absence requests online at: <https://kleincainbandassociation.org/forms>

Fees

I understand that my family is fully responsible for our band fees payable to the Klein Cain Band Association (KCBA) in accordance with the published payment schedule. KCBA incurs expenses throughout the entire school year and relies on all families staying current on fee payments.

I agree to keep my account current and to promptly pay amounts due. I understand that if I do not remain current on payments, I jeopardize the activities and travel opportunities for the entire ensemble as well as my own ability to participate.

Fees (continued)

I agree and understand that failure to pay fees (including uncollected fees from previous years) may result in my removal from participation in band and color guard activities outside of class (including guest master classes and special events). If for any reason I should leave the program, I realize that any portion of my membership fees already paid will not be refunded, and cannot be transferred to a sibling account.

I understand that having a position with student leadership is a privilege, and not a right. **I understand that to be in a position of student leadership in the program, I am expected to remain current on fee payments.** I understand that one qualification for student leadership is that no balance can be carried over from a prior year or, that I must have met with members of the KCBA board, committed to and signed an approved plan for payment of any prior balance on my KCBA account. **I understand that a failure to honor this obligation disqualifies me from student leadership.**

Volunteering

I agree that my family will actively support the program through volunteering opportunities which may include participation in a KCBA committee, assistance with events, chaperoning, or other venues as may be made available by KCBA. **Every family is expected to volunteer a total of ten hours (in some capacity) every school year – we will be sure to publicize all volunteering opportunities!!!**

I understand that each family is requested to donate bottled water, soft drinks, and snacks occasionally during the year that are used during camps, rehearsals, and certain events.

Communication

I understand it is my responsibility to stay informed about band activities, announcements, and meetings. **I understand and agree to provide and maintain accurate contact information for the student and responsible parent/guardian and to notify KCBA when the information may change. I understand KCBA relies primarily on email, the KCBA and Charms web sites, and monthly meetings to communicate important announcements, news, and invoices.** I agree it is my responsibility to notify KCBA promptly if I am not receiving emailed information. **Please be sure to sign-up to join our band app to keep up on important announcements.**

Student (PRINT): _____

Parent/Guardian (PRINT): _____

Instrument/Section: _____

Home Address: _____

Address Line 2: _____

Student Signature: _____

Parent/Guardian Signature: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Klein Student ID#: _____

Parents: Keep a copy of this agreement for your records.

2018-2019 Klein Cain High School Band and Color Guard KCBA Participation Agreement Part 2 – Payment Schedule

PAYMENT OPTIONS (Please Circle One)		PAYMENT OPTION	
<input type="checkbox"/> 1. Pay in Full	I will pay the entire fee now.	<input type="checkbox"/> By Check: Check # _____ Amount \$ _____ <i>Write the Student Name and "Band Fees" in memo field to assure credit.</i> Payments may be sent to the KCBA P.O. Box, or deposited in the band office safe. <div style="text-align: center;"> <i>Klein Cain Band Association</i> <i>9337 Spring Cypress Road</i> <i>Suite A #409</i> <i>Spring, Texas 77379</i> </div> <input type="checkbox"/> By Credit Card (Orientation Meeting Only – PLEASE NOTE: a 2.7% transaction fee will be added) Last 4 Digits: _____ Name on Card: _____	
<input type="checkbox"/> 2. Pay by Schedule	I will follow the prescribed Payment Schedule listed below.		
<input type="checkbox"/> 3. Pay by Alternate Arrangement Parent Initials: _____ Treasurer Initials: _____	I will set up a meeting with the Director and the appropriate KCBA Treasurers to commit to an alternate payment option. <i>This meeting MUST take place BEFORE the June 4-6 Mini-Camp.</i> <i>Student participation is not assured until this meeting has occurred.</i>		

PAYMENT DUE SCHEDULE			
1	Non-Refundable Commitment Fee	6-1-2020	\$200
2	Payment 2	8-1-2020	\$150
3	Payment 3	10-1-2020	\$100
4	Payment 4	12-1-2020	\$100
Total:			(\$550.00)

- NOTES**
1. The following items are NOT included in the Payment Schedule:
 - a. Shoes/Gloves/Dry Fit Shirt and/or Formal Concert Wear – Separate Uniform and Concert Wear fees are required.
 - b. Student Band Bags, Spirit Wear, and Thermoses
 - c. Bottled Water and Soft Drinks
 - d. Concert Band Events and Fees
 - e. Winter Guard Events and Fees
 2. All payments are non-refundable.
 3. Student accounts must be kept current through direct payments in order to assure the student's participation.
 4. **Volunteering is an essential element of a successful program and is required of all families. Each family is expected to volunteer at a minimum of ten hours during the 2020-2021 School Year.** Typical events include rehearsals, special events, trips, or any committee-related work.

Student Name (Print) _____

Parent/Guardian Name (Print) _____

Student Signature: _____

Parent/Guardian Signature: _____

Student Initials _____
 Parent/Guardian Initials _____