



Courtland High School Bands & Ensembles



2024-2025

MEMBER INFORMATION PACKET

- ☐ Concert Band/Wind Ensemble/Jazz Band/Percussion Class ☐ Royal Brigade Marching Band
☐ Winter Drum Line ☐ Winter Guard

Student Name: _____ Grade: _____ Instrument: _____

Parents'/Guardians' Names (*all names please*):

Mom: _____ Cell: _____

Dad: _____ Cell: _____

Address: _____

City: _____ Zip: _____

Subdivision: _____ Home Phone: _____

Mom's E-mail Address: _____

Dad's E-mail Address: _____

Student's E-mail Address: _____

Parents, it is the great spirit of giving exhibited by the parents of the CBPA that really sets us apart from other organizations. Please do your part by participating as much as you can; we are the support system of the Courtland High School Band program. As a CBPA member, each family is encouraged to volunteer for a minimum ONE Chaperone duty (games, competitions, trips, etc.) due to the large number of people needed to run a successful program. This is open to all CBPA members, not only marching band (RBMB) families; any CBPA member is allowed to volunteer with any group activity. For more detailed information about these volunteer opportunities, please visit the CBPA page on the CHS Bands Website (www.courtlandbands.com).

VOLUNTEER OPPORTUNITIES (Please check all that you are able/willing to do)

- Chaperone (games, competitions, trips, etc.)
- Pit Crew
- Concert Attire – Assistant
- Sewing
- Hospitality
- Marching Band (RBMB) – Uniform Assistant
- Scholarship Committee
- I am a Notary
- My place of work can support with monetary or product donations.
- My place of work has a gift matching program.
- I am a CPA/Tax Preparer
- I have a truck e



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MEDICAL AUTHORIZATION & CONSENT

Student Name: _____ Grade: _____

Address: _____ City: _____

Home Phone: _____ Student's Date of Birth: _____

Mom's Cell: _____

Dad's Cell: _____ Work Phone: _____

_ Work
Phone: _____

Please list TWO (2) emergency contacts and phone numbers (other than parents):

Name _____ Phone# _____

Name _____ Phone# _____

Medical History:

- Does the above student have any allergies (food or medications)? ☐ Yes ☐ No
If yes, please explain: _____
- Does the above student have any long term medical issues, special needs, or medication we should be aware of? ☐ Yes ☐ No If yes, please explain _____
- Does a CBPA chaperone have permission to give your child over-the-counter pain medication (i.e., aspirin, Tylenol, Ibuprofen)? ☐ Yes ☐ No

Name and address of Health Insurance Company:

_Phone #: _____ Subscriber: _____

Policy #:

I, _____, lawful parent or guardian of _____
hereby appoint Courtland Band Parents' Association to be my lawful attorney in fact (agent) to perform any and all acts that I might perform if I were present. To authorize any and all emergency medical treatment for the health and well being of the aforesaid child while participation in any Band activity including, but not limited to: practices, games, trips, camps, fund raisers, travel and competitions. I furthermore, agree to be responsible for providing the Chaperone Chairperson any medications or items, usage instructions, and ensuring they are not expired so they can be stored in the CBPA medical bag.

DATE

SIGNATURE (parent or guardian)



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DUES & FEES FORM

Student Name: _____ Grade: _____.

All items listed below are a requirement to participate unless otherwise noted.

RBMB=Marching Band/Fall Guard WG=Winter Guard WDL=Winter Drum Line Rookie=1st year

Who?	#	Size	Description	Unit Cost	Total
			meal Deal is included in RBMB Fees		\$
ALL RBMB	1		RBMB Fees <input type="checkbox"/> multiple student discount	\$400	\$
RBMB ROOKIES and If you need new ones	1		Marching Shoes	\$40	\$
RBMB	1		2 sets of Gloves (<i>not percussion/Guard</i>)	\$8	\$
RBMB/WG	1		Guard Shoes	\$35	
RBMB/WG			Color Guard - gloves	\$15	\$
			TOTAL DUE		\$

- Payment Received \$_____ Cash _____ Check #_____ Student Points_____
- Installment Plan: \$100deposit at sign up + \$150 month (July, August,) until paid in full



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Handbook Acknowledgment

Once you have received your copy of the handbook, or gone through the handbook on the band website (www.courtlandband.com) Please sign that you have read and understand the information in the document.

If you have any questions please reach out to Mr. Mills or fill out the FRQ document that will be on the band app.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____



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PAYMENT REMINDERS

If the below payment schedule does not work for you and your family, please send a written request and explanation to the Treasurer at CBPA-Attn: Band Boosters, 6701 Smith Station Rd, Spotsylvania, VA 22553 or email to cbpatreasurer@gmail.com. We will respond to your request in writing upon receipt and review.

**Payment in the form of check/money order payable to "CBPA" can be mailed to
Attn: Courtland Band Parents Association
6701 Smith Station Rd, Spotsylvania, VA 22553.**

Marching Band – Non-Refundable Deposit	\$100	May 22, 2023
Marching Band Fees – Monthly Payments	\$150	July 1 and August 1st
Meal Deal (<i>selection form given at Band Camp</i>)	**	Included in band fee - see me if not participating

PayPal Instructions for Sending Payments

1. Login to your personal PayPal account.
2. Click the tab "send money"
3. Send money to: **cbpatreasurer@gmail.com**
4. Review your payment, this screen will show the total amount being sent to the CBPA.
5. Type a message to alert the Treasurer who the payment is for
"Payment for John Smith's marching band dues"
6. Click "send money".
7. Confirmation page will state "you have sent money to the CBPA".
8. Add CBPA to your contact address book for ease in future payment transaction.

Note: Most transactions are charged a transaction fee which is billed to the band. It varies based on amount sent, type of account sent from, etc. Please consider adding \$2-3 to your payment to help defer the cost of the transaction.

