

# MARCHING BAND INFORMATION FORM 2019

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Marching Instrument \_\_\_\_\_ Male or Female (circle)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Student Cell

Phone \_\_\_\_\_

Student's Email \_\_\_\_\_

T-Shirt Size (circle): S M L XL XXL      Shorts Size (circle): S M L XL XXL

Parent/Guardian #1 Name \_\_\_\_\_

Parent #1 Cell Phone \_\_\_\_\_

Parent #1 Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Parent #2 Cell Phone \_\_\_\_\_

Parent #2 Email \_\_\_\_\_

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**Circle any of the following VERY NECESSARY band booster volunteer opportunities you are interested in:**

Chaperoning

Sewing

Medical/RN

Uniforms

Fundraising

Carpentry

Truck Driving

T-Shirt Sales

Welding

Equip. Loading

Water

Electrical

Flats

Pit Equipment

Other \_\_\_\_\_

# Student and Parent Acknowledgment & Medical Release

**We have read and understand the expectations, procedures, requirements and grading policies of the Bellevue East High School Instrumental Music Program as found at [www.chieftainband.com](http://www.chieftainband.com)**

I hereby give release from school, permission to attend all Band events. This permission shall extend to after-school, weekend and summertime activities. I also allow the use of photos for the band booster website.

I, the parent, guardian of \_\_\_\_\_, do consent to any x-ray examination, labs, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain in effect unless sooner revoked in writing delivered to said agent.

Dated \_\_\_\_\_

Father / Guardian signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother / Guardian signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Person other than parent who may be contacted on weekends:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Special Information

Please list any known allergies. PLEASE INCLUDE FOOD ALLERGIES.

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any condition that might be the cause of a medical emergency?  
(Diabetes, Fainting, Asthma...)

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of last tetanus \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Medical # \_\_\_\_\_

Is student required to take medication? YES \_\_\_ NO \_\_\_

If yes, how often? \_\_\_\_\_ Times \_\_\_\_\_

Name of medication \_\_\_\_\_



**Bellevue Public Schools**  
**HEALTH and ACCIDENT INSURANCE**  
**PERMISSION TO TREAT**  
**OFF-CAMPUS ACTIVITY TRIPS**

Ins.S. 8-12/12

School policy requires that all students participating in off-campus activity trips be insured.

The undersigned parent/guardian verifies that the following student \_\_\_\_\_ is insured against injuries that might be incurred during participation in an off-campus activity trip and grants the coach/sponsor permission to have their child treated in case of injury.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insurance group and individual number

**HOLD HARMLESS AGREEMENT AND**  
**OFF-CAMPUS ACTIVITY TRIPS**

The undersigned parent/guardian of \_\_\_\_\_ does hereby release and hold harmless the Bellevue Public School District and supervisors from any liability for injuries and/or property damage incurred by the above named student while participating in any off-campus activity trip.

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

STATE OF NEBRASKA            )  
  ) ss.  
COUNTRY OF SARPY            )

SUBSCRIBED AND SWORN to before me, a notary public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

# 2019-2020 Chieftain Band IMPORTANT Dates

## May

- 1 - Chop Building 4:30-6:30pm
- 3 - Band Banquet 6-11pm Beardmore Center
- 6-8 - Color Guard Tryouts 5-9pm North Gym
- 8 Percussion Practice 5-9pm
- 10 - 1st Chieftain Marching Band Rehearsal 5-7pm
- 10 - Chieftain Marching Band Parent Meeting/Reveal Show 6:30pm
- 25 - Graduation
- 28 - Leadership Camp 1-9pm
- 29-30 - Performing Arts Cleaning 9-1pm
- 29-31 Guard Mini Camp 8am-12pm (May 31, 8am-1pm)
- 29-31 Percussion Mini Camp 5-9pm
- 30 - New Member Camp 5-9pm

## June

- 3 - Band Practice 5-9pm Band Rooms, Auditorium, Stadium
- 4 - Booster Meeting 7pm Band Room
- 6 - Percussion/Guard 5-9pm Band Rooms
- 10 - Band Practice 5-9pm Band Rooms, Auditorium, Stadium
- 13 - Percussion/Guard 5-9pm Band Rooms
- 17 - Band Practice, 5-9pm band rooms, Auditorium, Stadium
- 20 - Percussion/guard 5-9pm Band Rooms
- 24 - Band Practice 5-9pm Band Rooms, Auditorium, Stadium
- 24-27 - Guard Camp 8am-12pm
- 27 - Percussion/Guard 5-9pm, Band Rooms

## July

- 1 - Band Practice 5-9pm Band Rooms, Auditorium, Stadium
- 2 - Booster Meeting 7pm, Band Room
- 8 - Band Practice, 5-9pm Band Rooms, Auditorium, Stadium
- 11 - Percussion/Guard 5-9pm Band Room
- 15-19 - BAND CAMP 8-5pm, Stadium, Band Rooms
- 22-26 - BAND CAMP 8-5pm, Stadium, Band Rooms
- 26 - BAND PREVIEW NIGHT 6pm Stadium
- 29 - Band Practice 5-9pm, Stadium
- 30 - Band Practice 5-9pm Stadium

## August

- 1 - Percussion/Guard 5-9pm, Band Rooms
- 5 - Band Practice 5-9pm, Stadium
- 6 - Band Practice 5-9pm Stadium
- 6 - Booster Meeting 7pm, Band Room
- 8 - Percussion/Guard 5-9pm, Stadium, Band Rooms
- 12 - Band Practice 5-9pm, Stadium

# 2019-2020 Chieftain Band IMPORTANT Dates

- 15 - Percussion/Guard 5-9pm Stadium
- 17 - Arrow to Aerospace Parade 8am
- 17 - Band BBQ 11am Band Area
- 17 - Band Pictures 1pm South Gym
- 19 - Band Practice 5-9pm, Stadium
- 22 - Percussion/Guard 5-9pm Stadium
- 26 - Band Practice 5-9pm Stadium
- 29 - Percussion/Guard 5-9pm, Stadium

## September

- 3 - Booster Meeting 7pm, Band Room
- 5 - Band Practice 5-9pm, Stadium
- 6 - East/West Game
- 7 - March-A-Thon 8-5pm, Stadium
- 9 - Band Practice 5-9pm, Stadium
- 12 - Percussion/Guard 5-9pm, Stadium
- 13 - Game
- 16 - Band Practice 5-9pm, Stadium
- 19 - Percussion 5-9pm, Stadium
- 20 - Band Practice 5-8pm Stadium
- 21 - WildCat Classic, Millard South HS
- 23 - Band Practice 5-9pm, Stadium
- 26 - Percussion/Guard 5-9pm, Stadium
- 27 - Game
- 28 - BOA, Cedar Falls, IA
- 30 - Band Practice 5-9pm, Stadium

## October

- 1 - Booster Meeting 7pm Band Room
- 3 - Percussion/Guard 5-9pm, Stadium
- 4 - Game
- 5 - Golden Regiment Invitational, Blue Springs, MO
- 7 - Band Practice 5-9pm, Stadium
- 10 - Percussion/Guard 5-9pm, Stadium
- 11 - Band Practice 5-8pm Stadium
- 12 - CHIEFTAIN MARCHING INVITATIONAL, ALL DAY
- 14 - Band Practice 5-9pm, Stadium
- 17-20 - BOA St. Louis
- 21 - Band Practice 5-9pm, Stadium
- 24 - Percussion/Guard 5-9pm, Stadium
- 25 - Band Practice 5-8pm, Stadium
- 26 - NSBA STATE, ALL DAY, Millard South
- 28 - Community Night 6pm, Stadium

# Bellevue East Marching Band Fees 2019

## Must be paid by ALL Members

Show Shirt	Size _____	\$ 15.00	
Gloves/ Percussion sticks/etc.	Size _____	\$ 25.00	
Booster Food		\$ 80.00	
BOA Motel/Charter Bus/Food (2)		\$ 300.00	
Water, Props, Additional band supplies		\$ 50.00	
	Total	\$ 470.00	_____

## Must be purchased by new members or if need replaced.

MTX Marching Shoes	Size _____	\$ 48.00	_____
(These are the required shoes for the marching band)			
Dry-Fit Shirt	Size _____	\$ 17.00	_____
Chieftain Shorts	Size _____	\$ 20.00	_____

TOTAL DUE \_\_\_\_\_

Credit from Student Account \_\_\_\_\_

Balance Due \_\_\_\_\_

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_

**Please be prepared to pay fees on May 10, 2019, either in full or 50%. We accept cash, check or credit card.**

### Payment Schedule

<u>May 10, 2019</u>	<u>At least 50%</u>
<u>July 11, 2019</u>	<u>At least 50% of Balance</u>
<u>September 6, 2019</u>	<u>Final Payment Due</u>

\*Any Financial Concerns, please speak with Mr. Wright. We WILL work with you!



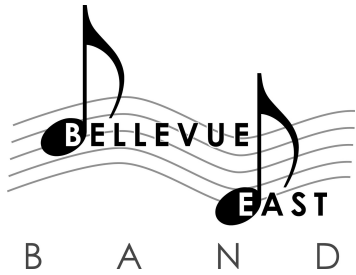
# Chieftain Marching Band Parent T-shirt Order Form

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Size	Quantity	Price Each	Total
Adult Small		\$15.00	
Adult Medium		\$15.00	
Adult Large		\$15.00	
Adult X-Large		\$15.00	
Adult XX-Large		\$17.00	
Adult XXX-Large		\$17.00	
Student Backpack		\$40.00	

Total Amount Due: \_\_\_\_\_

Make Checks payable to Bellevue East Band Boosters.



Bellevue East High School Band  
1401 High School Drive  
Bellevue, NE 68005  
(402) 293-4174  
<http://www.chieftainband.com/>

Charles A. Wright, Director of Bands - [charles.wright@bpsne.net](mailto:charles.wright@bpsne.net)  
Jeremy Krug, Associate Band Director - [jeremy.krug@bpsne.net](mailto:jeremy.krug@bpsne.net)

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## INSTRUMENTAL MUSIC - CODE OF CONDUCT

I understand that my / my child's / participation in instrumental music is a privilege. I understand that with this privilege comes responsibility for conduct, care of equipment and facilities, and respect for the tradition and history of the Bellevue East instrumental music program.

As a representative of the instrumental music program, I understand that my actions are a constant reflection of the group. I also understand that I am also a representative of Bellevue East High School, The City of Bellevue, and The State of Nebraska in public. As such, I agree to the following policies:

- I will adhere to all guidelines and policies of the Bellevue Public Schools, as outlined in the student handbook.
- I will follow all of the policies of the instrumental music program, as found at [www.chieftainband.com](http://www.chieftainband.com)
- I will keep my grades in good standing at all times. Failing more than 2 classes will result in probation or expulsion.

I understand that ANY disciplinary offense that results in an in-school OR out-of-school suspension, or participation in illegal activities could result in my immediate removal from the instrumental music program. I also agree that this decision will be made at the discretion of the Band Directors and School Administration.

PRINTED STUDENT NAME: \_\_\_\_\_

Signature / Student \_\_\_\_\_

Signature / Parent \_\_\_\_\_





Bellevue East High School Band  
 1401 High School Drive  
 Bellevue, NE 68005  
 (402) 293-4174  
<http://www.cheiftainband.com/>

Charles A. Wright, Director of Bands - [charles.wright@bpsne.net](mailto:charles.wright@bpsne.net)  
 Jeremy Krug, Associate Band Director - [jeremy.krug@bpsne.net](mailto:jeremy.krug@bpsne.net)

## MARCHING BAND AGREEMENT FORM

We are excited that you are going to be a member of the Bellevue East Marching Chieftains. In order to have a successful season, it requires a strong commitment and dedication from both students and students. In order to write our drill movement, it is essential that we know exactly who will be joining us this fall. To secure your spot in our fall marching show, we ask that each member and their parents read, sign, and adhere to the following agreement:

- I will be in the Bellevue East Marching Chieftains in the Fall of 2019 and will be registered in band class.
- I will cooperate with the band staff and section leaders.
- I will promise to attend all possible summer rehearsals and sectionals and make them a priority in my summer schedule (work is not an excuse to miss).
- I will be present at summer band camp all day every day, unless prior arrangements have been made with the directors in writing.
- I will have all of my marching band music memorized, which includes: all designated show music, School Song, Star Spangled Banner, and America on Parade.
- I will fulfill my financial responsibilities by personal donation or participating in fundraising activities.
- I will be responsible for all uniform pieces issued to me. I agree that I am financially responsible for any pieces damaged or not returned.
- I will be at all fall marching band performances and competitions.

*As your directors, we will do everything possible to accommodate other activities in which you participate. However, in some cases the conflicts are too many and we must ask you to chose. The directors must approve in advance any rehearsals or performances that could be potentially missed due to this conflicts. Please check any of the other following activities you may be involved in this fall:*

Football     Fall Cheer     Tennis     Golf     Fall Trainer  
 Softball     Volleyball     Soccer     Cross Country     Other: \_\_\_\_\_

I have read and will agree to the above terms.

Signature / Student \_\_\_\_\_

*As a parent of a Bellevue East Marching Chieftain, we are asking for your help in seeing that your son or daughter carries out their responsibilities as stated above. I will do everything possible to ensure that my son or daughter is at all rehearsals and performances, they are prepared and practice, memorize music, and fulfill their financial responsibilities.*

Signature / Parent \_\_\_\_\_