



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

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

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 EAST BANDS

INSTRUMENTAL MUSIC - CODE OF CONDUCT 2022-23

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
- 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.

Student Name(printed) _____

Student Signature _____

Parent Name(printed) _____

Parent Signature _____

Date _____

CHIEFTAIN MARCHING BAND

BELLEVUE EAST HS

MARCHING BAND AGREEMENT FORM 2022

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 2022 and will be registered in band class.
- I will cooperate with the band staff and section leaders.
- I will 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.
- I will fulfill my financial responsibilities by through personal payments or by participating in fundraising.
- I understand that I am financially responsible for any uniform items 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 choose. The directors must approve in advance any rehearsals or performances that could be potentially missed due to these conflicts. Please check any of the 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.

Student Name(print) _____ Student Signature _____

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.

Parent Name(print) _____ Parent Signature _____

CHIEFTAIN MARCHING BAND

BELLEVUE EAST HS

Additional Show Shirt Order Form 2022

Student Name: _____ Parent Name: _____

Size	Quantity	Price Each	Total
Adult Small		\$20	
Adult Medium		\$20	
Adult Large		\$20	
Adult XL		\$20	
Adult 2X		\$22	
Adult 3X		\$22	

Total Amount Due: _____

Make checks payable to "Bellevue East Band Boosters"

Shirts will be delivered during band camp.

CHIEFTAIN MARCHING BAND

BELLEVUE EAST HS

Advanced Band Fees 2022-23 (Brass, Woodwind, Percussion)

Student Name: _____

Instrument: _____

Fees Paid by All Members

Show Shirt	Size _____	\$20	
Gloves/Sticks/Mallets		\$30	
Meals		\$100	
Props		\$90	
Uniform Materials		\$70	
Competition Trip		\$90	
	Total	\$400	

Additional Items for New Members (Replacement Items for Returning Members)

MTX Marching Shoes (Required shoe for marching band)	Size _____	\$50	
Summer Uniform/Rehearsal Shirt	Size _____	\$20	
Summer Uniform/Rehearsal Shorts	Size _____	\$25	
Concert Attire (Will be sized in Oct/Nov)		\$75	

Optional Item

Band Jacket (Must be paid for now)	Size _____	\$85	
Credit Card Processing Fee		\$15	

TOTAL DUE _____

Credit from Student Account _____

Amount Paid _____

Balance Remaining _____

Please be prepared to pay fees on May 6th, in full or begin the payment plan listed below. Please communicate any financial concerns with Mr. Krug. We accept cash, check, and credit card. Card payments will incur a processing fee. We strongly encourage cash or check payments.

Payment Schedule:

May 6, 2022	\$200	
July 18, 2022	\$200	
August 18, 2022	Remaining Balance	

Office Use Only: New Member: ____ Payment Type: Cash ____ Check # ____ CC ____

Jeremy Krug
 Director of Bands
 Bellevue East High School
 (o) 402-293-4174
 (c) 402-882-2631
 (e) jeremy.krug@bpsne.net

**BELLEVUE EAST
 BANDS**

www.chieftainband.com

Kaitlyn Keck
 Associate Director of Bands
 Bellevue East High School
 (o) 402-293-4174
 (e) kaitlyn.keck@bpsne.net