

REGISTRATION FORMS

The following forms must be completed by the first day of Band Field Camp on August 15, 2022, **in order for your student to participate.**

Only one set of forms needs to be completed per student. Some forms can be completed online, scan QR Code below.



A Board member will be available in front of the band room to accept registration forms on the following dates:

July 7	3:00 PM	Drumline Rehearsal
July 19	4:00 PM	Colorguard Rehearsal
July 20	4:00 PM	Winds Rehearsal
August 15	8:00 AM	First Day of Band Camp

FORMS CHECKLIST

*All forms due by the start of Band Camp.

Student Name:

Online or Hard Copy

- Parent Commitment Form
- Student Commitment Form
- Assessment Form
- Uniform Contract
- Charger Band Logo Wear Form
- Color Guard Order Form (Color Guard Only)

Hard Copy Only

- Donation / Pledge Form
- Student Health History/Physical Form (to be completed by your physician)
- Summer Camp Emergency Card (Salmon-color)

Scan QR Code below to access online versions of the forms listed above.



PARENT / BOOSTER COMMITMENT FORM

As a band parent, I am a booster member and am committed to the success of the band program. I will support the Charger Band by:

- Encouraging my child to practice and be prepared for each rehearsal
- Making sure my child attends all rehearsals and performances on time or that she/he discusses with Mrs. Cooley and instructors the reasons they are unable to attend as scheduled
- Participating in the efforts of the band boosters to support the band and color guard program
- Providing information requested and required by the Band Boosters in a timely manner
- Providing pledge donations as stated on pledge form and/or communicating changes to the Treasurer
- Participating in the following fundraisers that directly benefit all band programs at Edison:
 - Restaurant Dine Out Nights
 - CSBC Orange County Invitational: October 29, 2022 (each family, both parents and students, will be asked to sign up for as many shifts as possible)
 - SnapRaise: Fall 2022
 - Other scheduled fundraisers
- Understanding that this is a competitive marching band and 90% of the instructors' job is to critique, correct and teach
- Supporting student leaders, instructors, chaperones, and all other volunteers who are doing their jobs

Student Name _____

Parent Name _____

Parent Signature _____

Date _____

STUDENT COMMITMENT FORM

The 2022 Charger Band show is now in the design process. At this time, the director and visual designer require an accurate headcount of marchers which will allow them to write a drill (designed movement of performers and equipment on the field) that is optimal for the number of students who desire to participate. Please return this signed form today to guarantee your position in the Edison Charger Band.

- I agree to attend all rehearsals and performances on time
 - If I am not able to attend a rehearsal or performance, I agree to contact Mrs. Cooley and my coach and complete any make-up work assigned.
Excused absences are: family emergency, sickness, extraordinary circumstances, and religious observance. Excused absences do not include scheduled appointments, work, interviews, homework, or studying.
- I agree to attend all camps
- I agree to bring all necessary materials to every rehearsal and performance
- I agree to keep the band rooms clean, and free of excess personal belongings and trash, this includes my locker
- I agree to show respect while I am in uniform and represent my school proudly at all events
- I agree to memorize my music and drill
- I agree to attend all events with my uniform in top condition
- I agree to take pride in my ensemble, support my school, and support and respect the community in which I live
- I agree to participate in the band/drumline/color guard program throughout the entire 2022-2023 season
- I have read and understand the 2022-2023 Charger Band Handbook
- I agree to follow the Charger Band Code of Conduct (provided to students at the beginning of the season)

Student Name _____

Student Signature _____

Date _____

Parent Signature _____

Date _____

**If a student is unable to comply with any of these requirements,
please discuss with the director immediately.**

ASSESSMENT FORM

Please turn this form in with each of your payments over the course of the year. Payments can be made with check, cash, or credit/debit card. Please indicate with a check mark which item you are paying for on the form. This form may be used multiple times and is for the records of the treasurer. Payments can be made to **EHS Band Boosters** PO Box 6966 Huntington Beach CA 92615 or put in the band box located in the band room.

Individual Assessments 2022-23		
Student name:		
Check relevant assessments		
<input type="checkbox"/>	Band Camp Fee (\$500)	\$
<input type="checkbox"/>	Instrument Usage Fee - Fall (\$100)	\$
<input type="checkbox"/>	Instrument Usage Fee - Spring (\$100)	\$
<input type="checkbox"/>	Color Guard Items (please include total from Color Guard Order Form)	\$
		Total \$

Checks can be made to **EHS Band Boosters Association**. All payments can be mailed to
PO Box 6966, Huntington Beach CA, 92615
or placed in the booster box located in the band room.

PROGRAM COST BREAKDOWN 2022-2023

BREAKDOWN OF PROGRAM COST PER STUDENT	
COACHES	\$901.19
SHOW COST	\$184.04
MUSIC, INSTRUMENT & EQUIPMENT COST	\$165.90
TRANSPORTATION	\$181.06
UNIFORM COST	\$33.00
PROGRAM COST	\$109.15
ADMIN COST	\$137.22
FULL PROGRAM COST PER STUDENT	\$1711.56
ADDITIONAL PERSONAL COSTS MAY BE INCURRED	

- The Edison High School Band and Color Guard Boosters are committed, with your help, to fundraising approximately \$50,000 this year
- In addition, each family can choose to pledge one of the following:
 1. Student - full cost: the cost of one student to participate in the Charger Band, not taking into account any fundraising
 2. Student - recommended amount: the cost of one student to participate in the Charger band, taking into account estimated fundraising goals for the year
 3. Other Donation amount: any amount within your family's ability to pay
- The pledge can be paid in one payment or over 6 months. Please only commit to the amount you are able to pay, as we use the committed pledges in planning for the year and in order to adjust the budget.
- A shortfall of donations will seriously affect the function of our program; therefore, we are asking everyone to contribute, thus providing every student with an opportunity to participate in a quality program.

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or placed in the booster box located in the band room.**

If you are unable to make a pledge or need a customized payment schedule, please contact the Booster Treasurer at: treasurer@edisoninstrumentalmusic.org

DONATION / PLEDGE FORM 2022-2023

Donor Information		
Donor Name:		
Student Name:		
Address:		
City:	State:	Zip:
Phone #	Phone Type:	
Email for receipt & Pledge reminders:		

Donation/Pledge 2022-2023			
Check One:	One Payment	Monthly for 6 Months	Donation
<input type="checkbox"/> Student - Full Cost	\$1711.56	\$285.26	\$
<input type="checkbox"/> Student - Recommended Amount	\$850	\$142	\$
<input type="checkbox"/> Other Donation Amount	\$	\$	\$
Total Donation			\$

Payment Terms for Monthly Pledge Option	
Check One:	
<input type="checkbox"/>	Billed monthly for 6 months beginning in August and ending in January, you will receive an invoice on the first day of each month (Payment can be made by Check, Credit Card, or Bank Transfer)
<input type="checkbox"/>	Setup a recurring payment plan for 6 months beginning in August and ending in January to be auto-drafted on the 15th of each month. (payment will be charged to the Credit Card or auto-drafted from the Bank. Please sign and date to authorize the transactions.)

Check one (recurring payment plan ONLY):

<input type="checkbox"/>	Credit Card #: _____ Expiration Date: _____ CVV: _____
<input type="checkbox"/>	Bank Routing #: _____ Account #: _____ Name: _____ Type: _____

I authorize the Edison High School Band Booster Association to electronically charge my credit card or auto-draft my bank for the equal payments as chosen above. This payment authorization is in effect until I notify the Booster Association of the change in enough time for the Booster Association to act on it. By signing I also show my intention of completing the payment of the pledge or notify the Treasurer at treasurer@edisoninstrumentalmusic.org if I cannot complete payment.

Authorized Signature

Date

Checks can be made to **EHS Band Boosters Association**. All payments can be mailed to
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or placed in the booster box located in the band room.

EDISON HIGH SCHOOL UNIFORM CONTRACT

(Winds and Percussion Only)

Because our uniforms are very expensive and must be in perfect condition for our performances and competitions, it is important that care be taken by you and your student to maintain this valuable asset. Please read the information below, as well as the “Band Uniform Requirements and Care” document. Once you, and your student have read these please sign below and return this Contract to school along with the other Field Show Camp and Marching season registration forms.

Your student will be fitted for a uniform during the scheduled fitting dates (see attached). The uniform will be issued in August during the first week of field show camp. The uniform will be issued only after the Band registration forms are complete, and this Band Uniform Contract is signed.

You and your student will be held responsible for the uniform’s care. If any piece is damaged or lost, you will be charged for that piece (See below for components and replacement costs).

All parts of the uniform must be turned in at the end of field season (usually December or January), and payment must be made for any damaged or lost uniform pieces, or your student will not be allowed to sign out of school or graduate; this is an Edison High School policy.

Replacement Costs – Marching Uniform

Uniform Component	Replacement Cost
Jacket	\$240.00
Bibbers (Pants)	\$90.00
Gloves	\$10.00
Hat	\$75.00
Hanger	\$5.00
Garment Bag	\$5.00
Gauntlet	\$73.00
	<hr/>
	\$498.00

I have read this Band Uniform Contract and the separate “Band Uniform Requirements and Care” document, and I agree to follow all instructions. Further, if the recommended care is not followed, I agree to pay for the repair or replacement of any damaged or lost component(s).

Student Name (Please Print) _____

Student Signature _____

Date _____

Parent Name (Please Print) _____

Parent Signature _____

Date _____

Pre-Participation Physical Evaluation

Student's Name: _____	ID # _____	School: _____	Date of Exam: _____
Gender: M _____ F _____	Age: _____	DOB: _____	Class : <u>20</u> Sport(s): _____
Home Address: _____		Phone: _____	
Personal Physician's Name: _____			
Emergency Contact: Name _____			
Relationship: _____		Phone: Home _____	Work _____

Check **YES** or **NO** for questions below and **explain any "yes" answers. Circle** questions you don't know the answers to.

	YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing or chronic illness?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription medications or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Have you ever passed out or been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you ever had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you cough, wheeze, or have trouble breathing during or after an activity? Do you have asthma or seasonal allergies that require medical treatment?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aids, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had a sprain, strain, or swelling after an injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check the appropriate box and explain below: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Ankle <input type="checkbox"/> Foot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14. Record the dates of most recent immunizations: Tetanus: _____ Chickenpox: _____ Measles: _____ Hepatitis B: _____		
15. For Females Only: When was your first menstrual period? _____ When was your most recent menstrual period? _____ How many days between periods? _____		
16. Have you ever tested positive or been diagnosed with COVID-19? If yes, when? YES _____ NO _____ Date positive/diagnosis _____		

Please explain any "YES" answers on the other side of this form

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete's Signature: _____ Parent's Signature: _____ Date: _____

HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT
Pre-Participation Physical Evaluation

PHYSICAL EXAMINATION

Student's Name: _____	Date of Birth: _____
Height: _____ Weight: _____ % of Body Fat (optional): _____	Pulse: _____ BP _____ / _____ (_____ / _____ , _____ / _____)
Vision: R 20/ _____ L 20/ _____	Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

* Station based examination only

CLEARANCE

_____	Cleared and have reviewed questionnaire on reverse side
_____	Cleared after completing evaluation/rehabilitation for: _____
_____	Not cleared for: _____ Reason: _____
_____	Recommendations: _____

PHYSICIAN'S ADDRESS AND SIGNATURE

Name of Physician, NP,PA (print or type): _____ Address: _____ Phone: _____ Date: _____ Signature of Physician: _____ <p style="text-align: center; font-size: small;">MD, DO, Nurse Practitioner, Physician Assistant</p>	Stamp with Name of Doctor or Medical Office/Clinic (Required to be accepted)
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Rev. 4/2021