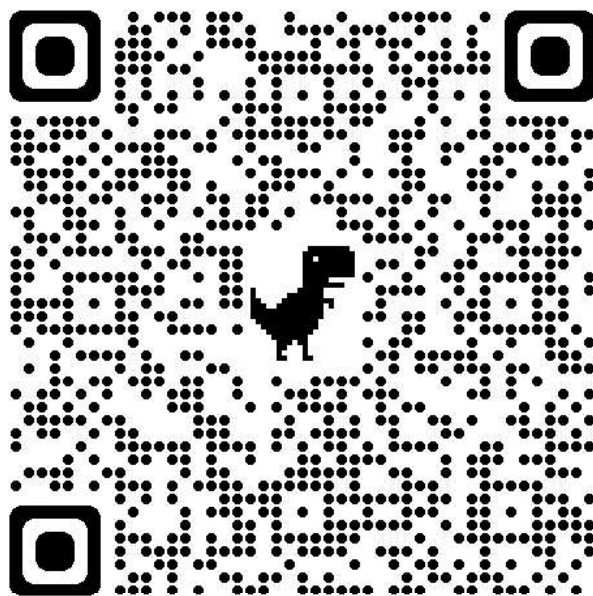


# Registration Forms

The following forms must be completed by the first day of Band Field Camp on August 14, 2023, **in order for your child to participate.**

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



# Forms Checklist

\*All forms due by the start of Band Camp.

Student Name: \_\_\_\_\_

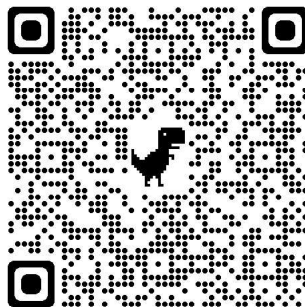
Online only

- Registration Form
- Parent Commitment Form
- Student Commitment Form
- Uniform Contract
- Student Health History/Physical Form (to be completed by your physician and then submitted to Home Campus)
- Complete Athletic Clearance through Home Campus
  - o <https://www.homecampus.com/login>

Hard Copy Only

- Donation/Pledge Form
- Assessment Form
- Summer Camp Emergency Card (Salmon-color)
- Charger Band Logo Wear Form
- Color Guard Order Form (Color Guard Only)

Scan QR Code below to access online versions of the forms listed above, [or click here](#)



# Band and Color Guard Registration Form

## Student Information

Student Name:		
Student Email:		
Student Phone:		
Address:		
City:	State:	Zip:

## Parents/Guardians Information

Parent/Guardian 1 Name:		
Parent/Guardian 1 Email:		
Parent/Guardian 1 Phone:		
Parent/Guardian 2 Name:		
Parent/Guardian 2 Email:		
Parent/Guardian 2 Phone:		

## Student Performance Group

<input type="checkbox"/>	Marching Band - Wind Instrument
<input type="checkbox"/>	Drumline / Front Ensemble
<input type="checkbox"/>	Color Guard / Winter Guard

# 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 the director 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 programs
- 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 28, 2023 (each family, both parents and students, will be asked to sign up for as many shifts as possible)
  - SnapRaise: Fall 2023
  - Other scheduled fundraisers as they arise
- 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 2023 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 the director 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, studying, birthday parties, drivers ed, etc.
- 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 practice my music and choreography and give my best effort to my team
- 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 2023-2024 season
- I have read and understand the 2023-2024 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**

# Program Cost Breakdown 2023-2024

We fund the Charger Band and Color Guard with a combination of donations, assessments and fundraising. This year we plan to fundraise up to \$50,000

This is the actual cost per student to fund the Charger Band and Color Guard not taking into account additional fundraising.

Breakdown of Program Cost per Student	
Coaches	\$939.21
Show Cost	\$306.86
Music, Instrument & Equipment Cost	\$152.94
Transportation	\$274.51
Uniform Cost	\$62.74
Program Cost	\$117.33
Admin Cost	\$124.71
surplus from previous year	-\$266.75
<b>Full Program Cost Per Student</b>	<b>\$1711.56</b>
Additional personal costs may be incurred	

## DONATIONS

- Each family can choose to pledge one of the following:
  1. **Student - full cost of the program: \$1711.56**
  2. **Student - recommended donation: \$850**
  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.

## ASSESSMENTS

In addition to the family donations, there are a few assessments associated with the program that are paid prior to the beginning of band camp

- **Band camp fee: \$500**
- **Instrument usage fee: \$200 ( \$100 per semester)**

There is an additional cost for Colorguard costumes (Fall and Winter) & Drumline Costumes (Winter). These costumes are not expected to exceed \$200 per costume. Your coach will provide details on actual cost and payment options.

# Donation / Pledge Form 2023-2024

Donor Information		
Donor Name:	Student Name:	
Address:		
City:	State:	Zip:
Phone:		
Email for receipt & pledge reminders:		

Donation/Pledge 2023-2024				
Check One:	One-Time Payment <b>(OPTION 1)</b>	Monthly for 6 Months <b>(OPTION 2 or 3)</b>	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	\$	\$	\$
<b>Special Instruction:</b>				<b>Total Donation</b> \$

Payment Terms for Pledge Option	
Check One:	
<input type="checkbox"/>	<b>OPTION 1 One-Time Payment:</b> <input type="checkbox"/> Send me an invoice <input type="checkbox"/> I am writing a check
<input type="checkbox"/>	<b>OPTION 2 Invoice Monthly:</b> Billed monthly for 6 months beginning in August and ending in January, you will receive an invoice on the first day of each month ( <i>Payment can be made by Check, Credit Card, or Bank Transfer</i> )
<input type="checkbox"/>	<p><b>OPTION 3 Autopay Monthly:</b> 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. (<i>payment will be charged to the Credit Card. Please sign and date to authorize the transactions.</i>)</p> <p>Credit Card #: _____ Expiration Date: _____ CVV: _____</p> <p>I authorize the Edison High School Band Booster Association to electronically charge my credit card 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 <a href="mailto:treasurer@edisoninstrumentalmusic.org">treasurer@edisoninstrumentalmusic.org</a> if I cannot complete payment.</p> <p>Authorized Signature _____ Date _____</p> <p>Print Name: _____</p>

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.

**This form must be submitted in order to participate in band camp.**

# Assessment Form

Please submit this form on the first day of Band Camp. **Checks, cash, or credit/debit cards** are accepted. **An invoice can be sent through email** upon request prior to the first day of band camp. Please contact the Treasurer at [treasurer@EdisonInstrumentalMusic.org](mailto:treasurer@EdisonInstrumentalMusic.org) if you have any questions or instructions on your assessment.

<b>Assessments 2023-24</b>		
<b>Student Name:</b>		
<b>Donor Name:</b>		
<b>Donor Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email for receipt/invoice:</b>		
Check relevant assessments		
<input type="checkbox"/>	Band Camp (\$500)	\$
<input type="checkbox"/>	Instrument Usage - Fall (\$100)	\$
<input type="checkbox"/>	Instrument Usage - Spring (\$100)	\$
<b>Total *</b>		<b>\$</b>
<input type="checkbox"/>	<i><b>I will pay by credit card on the first day of band camp</b></i>	

**\*Credit Card Payment is accepted on the first day of band camp**

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.

**This form must be submitted in order to participate in band camp.**



# 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 child to maintain this valuable asset. Please read the information below, as well as the “Band Uniform Requirements and Care” document. Once you and your child have read these, please sign below and return this contract to school along with the other registration forms.

Each student will be fitted for and issued a uniform in August. The uniform will be issued only after all registration forms are complete, and this Band Uniform Contract is signed. You and your child will be held responsible for the uniform’s care. If any piece is damaged or lost, you will be charged for that piece.

All parts of the uniform must be turned in at the end of marching season (usually December or January), and payment must be made for any damaged or lost uniform pieces, or your child 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 ( print)

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Student Signature

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Date

---

Parent Name ( print)

---

Parent Signature

---

Date

---

## Pre-Participation Physical Evaluation

Student's Name: _____	ID # _____	School: _____	Date of Exam: _____
Gender: M _____ F _____	Age: _____	DOB: _____	Class : <b>20</b> 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"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<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"/>
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"/>
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"/>
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"/>
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"/>
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 <b>yes</b> , 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"/>
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"/>
14. Record the dates of most recent immunizations: Tetanus: _____ Chickenpox: _____ Measles: _____ Hepatitis B: _____		
15. <b>For Females Only:</b> 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? <b>YES</b> _____ <b>NO</b> _____ 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*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
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: _____ <div style="text-align: center; font-size: small;">MD, DO, Nurse Practitioner, Physician Assistant</div>	<b>Stamp with Name of Doctor or Medical Office/Clinic (Required to be accepted)</b>
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Rev. 4/2021