



KNIGHTDALE HIGH SCHOOL MARCHING KNIGHTS
ONE BAND - ONE HEARTBEAT - ONE SOUND



Dear Band Students and Parents,

Welcome to Knightdale High and to the family of Knightdale High School Band; or to welcome back our many returning upperclassmen! I am looking forward to a great year, as so many wonderful things are about to happen us! This year marks our 15th year as a band and the hard work of the students, support of the KHSCD administration and our parents has enabled us to accomplish some amazing things together. During previous marching seasons, we were grand champions and winners at several competitions. This has been a prelude to what we are poised to accomplish in the upcoming year!

This packet contains very important information and dates during the summer and the forms which must be completed and mailed prior to band camp. To return the forms, complete one of the following:

- Mail the last two pages to: KHS Band – PO Box 748 – Knightdale, NC 27545.
- Email your forms to knightdalehsband@gmail.com

Note: Participation in band camp will be restricted until all parts of this packet are complete and your initial fee of \$175.00 is either paid or earned, however your attendance will still be required!

To inquire about earning credit toward band fees and not pay out of pocket, email the band email at knightdalehsband@gmail.com or contact a board member.

BAND LEADERSHIP, PERCUSSION AND COLORGUARD: July 22rd, Times TBD

FRESHMAN & FIRST TIME MARCHERS DAY: JULY 23, Times TBD

Although they will not admit it, most new students have some fears and hesitations entering the large new world of high school life. The KHSCD Band has provided the perfect transitioning tool for many students in the past. Because of the atmosphere and camaraderie, they find in band, new students have felt an ease and comfort in the transition to becoming high school students.

FULL BAND CAMP: July 24 – 26 and July 29 – July 31, Times TBD

ALL Band and Color Guard members must attend this camp

Remember: To be EARLY is to be ON TIME ~ To be On Time is to be LATE ~ To be LATE is unacceptable.

MANDATORY Parent/Guardian Meeting – Date and Time TBD

Along with your registration forms, I have enclosed some basic Band Camp information. Every effort must be made to attend every day of Band Camp 2019. If at any point you have any questions, comments or concerns, please do not hesitate to contact me at wholmes@wcpss.net.

William Holmes
Director of Bands
Knightdale High School of Collaborative Design
919-217-5374

For questions email KnightdaleHSBand@gmail.com



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Summer Band Camp Checklist

- Bring a refillable water bottle every day!!** Very Important!!
- Eat breakfast before you arrive. **Bring a packed lunch each day.**
- Light snacks will be provided during break times.
- Wear comfortable sneakers. No flip flops or sandals will be allowed. No New Clothes or Shoes. Bring Sunglasses, and extra hair ties if you use them.
- Wear light colored shirts and shorts. WCPSS dress code is enforced.
- Bring your instrument and accessories every single time you come to camp.
- Make sure your instrument is in working order. Big Note will come and fix for a fee (date to be announced)
- Keep track of your music folders.
- Be prepared to listen.
- Be prepared to learn.
- Be prepared to work.
- Be prepared to sweat.
- Be prepared to love it!**

Parents:

It will be hot, humid and there is always a chance of afternoon thunderstorms. Please know that your child is in the care of people that will take all precautions necessary to keep your child healthy and safe.

There will be frequent water breaks to ensure hydration. Make sure your student has a refillable water bottle each time they come to band camp. Bottles of water will be on hand for each practice date, but in the interest of cost and the environment, we are providing water coolers and asking that the students help us in keeping the expenses down and recycle bins empty.

Also, someone will always be on hand that will keep abreast of weather conditions.

Parent Checklist

- Read this packet in its entirety and ask any questions that you have to the Band Director or Association Board Member.
- Mark your calendar for important dates mentioned in the packet including Band Camp and Monthly Parent Meetings.
- Sign up for at least 3 fundraiser shows at the Coastal Music Park. The schedule is posted on the park website <http://walnutcreekamphitheatre.com/tickets/> and trainings are held at RA Jeffries Distributors at 420 Civic Blvd Raleigh NC 27610. This is a way to potentially earn all band fees and not have to pay any out of pocket costs for band fees and/or Spring Trip. Note: The 3 required shows must be covered by trained adult over the age of 18. Students age 16 and 17 volunteer as runners and earn their share credit. Email knightdalehsband@gmail.com for upcoming training dates.
- Return the last 3 pages of this packet by the first day of Band Camp to KHS Band Association PO Box 748 Knightdale NC 27545 or knightdalehsband@gmail.com. A copy of this packet can also be obtained on our website at <https://www.knightdalehsband.com/>.



General Information and Health Form

PRINT YOUR INFORMATION

Student's Name _____ Date of Birth _____

Address _____ City/Zip _____

STUDENT Cell Phone Number: _____ *For last minute schedule changes*

Student Email Address: _____

19-20 Grade Level: _____

Student's Position: Instrument/Guard/Section _____

Parent/Guardian's Names & Phone Numbers:

1. Name _____ Best Number _____ Cell/Work/Home

2. Name _____ Best Number _____ Cell/Work/Home

Email address of Parent 1: _____

Email address of Parent 2: _____

Emergency Contact (*other than listed above*) _____

Best Number: _____ Cell/Work/Home

Address: _____

Relationship: _____

Student T-Shirt Size (circle one): S M L XL 2XL 3XL

One band shirt will be included in the total cost of the band fees.

It is suggested that you purchase a second shirt for your student. Many times, there are events that will take place back to back. Example: Friday night football game followed by an early call time for a competition on Saturday.

MEDICAL INFORMATION
(confidential – used in emergency only)

Health History: *(please check all that apply & explain under “additional comments”)*

Diabetes Asthma Epilepsy Cardiac Problem
 Migraines Allergies Orthopedic Problem Other (specify below)

Additional Comments: _____

Immunizations: *(Please indicate the date of the student’s last tetanus booster)* Month/Year ____/____

Please list any chronic illness or medical conditions of which we should be aware: _____


Please list any current prescription medications, frequency & dosages: _____

Please list any Allergies: _____

Is your student covered by medical or hospital insurance? Yes No
If Yes, list name of Insurance Company: _____
Group or Policy #: _____
Insurance company phone number: _____

Please check beside all OTC medications we can administer to your child in your absence
 Antacids Tylenol Advil Imodium Benadryl

Family Physician, Address & Phone number: _____

 **PARENTS - Please initial beside each statement, sign at the bottom & return no later than the 1st day ALL band camp**

- I understand that the Total FEE to participate in marching band for all members is \$720.00. If I pay by Oct 4th then the fee will be reduced by \$100.00 and an additional \$120.00 when I or a family member work the 3 required Coastal Music Park fundraiser shows. **If I meet these 2 requirements, my band fee will be \$500.00.**
- If after September 1, my student decides they no longer wish to pursue band, I am still responsible for the **entire payment**. The Drill is created specifically for the number of marchers enrolled – it must be rewritten to account for those marchers who depart, creating additional, unbudgeted expenses. Prior to Sept 1, should your student decide to not pursue marching band, all monies except \$50 will be refunded.
- If able, I will pay the entire Band Fee by Aug 1, 2019. If I am not able to pay by August 1, 2019, I have been made aware of, will adhere to the following payment schedule if not paid in full by this time:
 1. \$175.00∞ Earned/Paid any time before but no later than July 24, 2019.
 2. \$175.00∞ Earned/Paid by Sept 2, 2019
 3. \$150.00∞ Earned/Paid by Oct 4, 2019
 4. \$220.00∞ Earned/Paid by Nov 1, 2019

November 1, 2019 is the final payment date and marks the beginning of parade season and fees will need to be settled prior to participation in the holiday parades AND/OR Spring Band Trip.

- I understand that if I am unable to adhere to this payment schedule, I will contact the KHS Band Association Treasurer Monica Warner Cell 919-402-6059 or the Band Director to discuss how I can earn this fee. The Association accepts cash, checks AND credit cards and can set up an automatic payment schedule.
- **PLEASE NOTE THAT ANY UNPAID BAND FEES WILL BE ADDED TO THE STUDENT'S WCPSS STUDENT ACCOUNT.** If there are extenuating circumstances. Please reach out to Mr. Holmes at wholmes@wcpss.net .
- **I understand there are fundraisers and events throughout the year that provide opportunities for my family and/or my child to earn money to be applied towards band fees. ALL families are expected to support the efforts of the band and participate in fundraising activities.**
- I understand that the KHS Band Association will hold monthly meetings to discuss upcoming events and needs of the band and are open to anyone wishing to attend. I understand that decisions that may affect me and/or my student are made by those who attend these meetings.
 - Meeting reminders will be posted in the band room, announced through e-mail notifications, posted on the website as well as sent out from our Remind notification system.
 - ALL parents or guardians are automatically considered a voting member of the association.

I _____ and my child _____
(PARENT/GUARDIAN Name – Print) (STUDENT Name – Print)

agree to abide by the above rules and procedures of the Knightdale High School Band/Music Department

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Band Director: _____ *Office use Only: Discussion Held Date:* _____

For questions email KnightdaleHSBand@gmail.com



PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS

- BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
- I ASSUME RESPONSIBILITY FOR CONTACTING _____ (TEACHER/SPONSOR) IF THERE IS ANY CHANGE TO MY CHILD'S MEDICATIONS, NEED FOR MEDICAL ASSISTANCE, OR MEDICAL CONDITION AFTER I COMPLETE THE HEALTH INFORMATION ON THE BACK OF THIS FORM
- IF THIS FORM IS NOT COMPLETED AND RETURNED BY _____ (DATE MM/DD/YYYY), THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY

School _____ Name of Teacher/Sponsor _____

TRIP/ACTIVITY PLANNED	DATE(S) OF TRIP/ACTIVITY*	PURPOSE OF TRIP/ACTIVITY	TRANSPORTATION (WCPSS Vehicle, Charter Bus/Contract Vehicle, Privately-owned Vehicle**)

*Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return

** When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

Changes/Cancellations

I understand school trips may be canceled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions

I understand the following is expected of the student:

- To follow instructions given by the teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I request that _____ (student) be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

Parent/Guardian Signature _____ Date _____

This form must be kept with school officials at all times during the school trip.

Parent/Guardian Name _____ Day Phone _____

Home Address _____ Evening Phone _____

Emergency Contact _____ Emergency Phone _____

Name of Insurance Company _____ Policy # _____

School Trip Health Information

- *In the event that the routine medical needs of any student attending the school trip cannot be met by school employees, a licensed nurse may be required to attend. Parents of students with medical needs will be contacted directly by the assigned school nurse.*
- *In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.*
- *If your child's medications, need for medical assistance, or medical conditions changes after completing this form, contact _____ (Teacher/Sponsor) and provide updated school trip health information.*

- Student has no medication(s) and/or needs no medical assistance during this school trip
- Student requires medication(s) and/or medical assistance during this school trip (*complete information below)
- Parent/Guardian will be attending the school trip and will provide medication(s) and/or medical assistance for this student

*List all daily and emergency medications (including dosage and time taken) that will be needed during this school trip

Medication	Dosage	Time

Does the student require medical assistance, other than the administration of medication(s)?

- Yes No

If yes, describe: _____

List all allergies: _____
