



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 and welcome back for 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 17th 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 returned no later than the first day of band camp. You can return forms in one of three ways:

- Mail entire packet to: KHS Band Association, PO Box 748, Knightdale, NC 27545
- Email your forms to knightdalehsband@gmail.com
- Bring form to first day of Band Camp

Note: In order to participate in band camp the entire band packet and initial payment will be required on your first day of band camp.

Parent Communications during Marching Band Season:

- Parents – Sign up for REMIND: Text @21khsmb to 81010
- Mark the KHS Band Association website as a favorite: <https://www.knightdalehsband.com/>
- Join Facebook page: Knightdale High School Bands
- Attend and participate in monthly Parent Band Association meetings.

Due to the pandemic situation, there may be limited ways in which to earn credit toward band fees. Unfortunately, at this time, we do not have any information on whether our main fundraiser, Coastal Music Park, will be opening and whether this will be an opportunity for us this year. If you have any ideas regarding fundraising for the band, please feel free to email the Band Association at: knightdalehsband@gmail.com or contact a board member.

In addition, parents we need your support in many areas and urge you to email knightdalehsband@gmail.com if you can assist in any of these areas for more information:

- Volunteering to be an officer on the KHS Band Association Board
- We need individuals that can haul our Band trailer to Marching Band competitions. Parades and other events. You will receive a monetary credit on band fees for each trip.
- We need volunteers for Pit Crew (assist getting percussion equipment onto field) for both Marching Band Competitions and Home Football games.
- We need volunteers to Assist with Uniform fitting day.

BAND CAMP DATES: LEADERSHIP: JULY 16, 2021 8AM-1PM; FULL BAND JULY 19-JULY 30, 2021; 7AM-5PM; MONDAY-FRIDAY

PLEASE REVIEW ADDITIONAL INFORMATION REGARDING SPECIFIC DATES AND TIMES FOR DIFFERENT BAND MEMBERS

	WHO ATTENDS	DATES	TIMES
UNIFORM FITTINGS (SEE SPECIFIC SECTIONAL TIMES)	ALL BAND MEMBERS	TO BE DETERMINED	TO BE DETERMINED
LEADERSHIP DAY	BAND LEADERSHIP, PERCUSSION AND COLORGUARD	JULY 16, 2021	8AM-1PM
BAND CAMP	FULL BAND AND COLOR GUARD	JULY 19-23, 2021 JULY 26-30, 2020	7AM-5PM 7AM-5PM
PREVIEW PERFORMANCE AND PARENT BAND MEETING	ALL BAND MEMBERS AND <u>PARENTS!</u>	TO BE DETERMINED	DINNER AND MEETING PREVIEW PERFORMANCE

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 2021. If at any point you have any questions, comments or concerns, please do not hesitate to contact the Band Association at KnighdaleHSBand@gmail.com or Mr. Holmes at wholmes@wcpss.net.

Susan Snow, President
Knightdale HS Band Association
919-475-5651

William Holmes
Director of Bands
919-217-5350



Summer Band Camp Checklist

- Join Marching Band REMIND (STUDENTS AND PARENTS!): text @21khsmb to 81010
- Bring a refillable water bottle every day!!** Very Important!!
- Eat breakfast before you arrive. **Bring a packed lunch and snacks each day. Student will not be allowed to leave school grounds to get lunch.**
- 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. Students/families are responsible for personal instrument repair and maintenance.
- 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. Mr. Holmes ensures that we follow all WCPSS policies and safety procedures.

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. We are providing water coolers to refill students' own water bottles. 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 Band Association Parent Meetings.
- At this time, we are unsure of whether or not Coastal Music Park will be opening for concerts and will update everyone as soon as we have further news.** If Coastal does open for business, we are requiring that parents and students sign up for at least 3 fundraiser shows at the Coastal Music Park. The schedule will be posted on band website as soon as we hear further news.
- SIGN UP FOR REMIND FOR COMMUNICATIONS: TEXT @21khsmb to 81010 ; Join Facebook: Join Facebook page: Knightdale High School Bands
- Initial payments will be due on Day 1 of Band Camp!
- Completed packets will be required on Day 1 or prior to the start of Band. Return entire packet to:
 - o Mail entire packet to: KHS Band Association, PO Box 748, Knightdale, NC 27545
 - o Email your forms to knightdalehsband@gmail.com
 - o Bring form to first day of Band Camp

General Information and Health Form

PREFER YOU TYPE YOUR INFORMATION OR PRINT LEGIBLY!

STUDENT INFORMATION

STUDENT NAME:	
DATE OF BIRTH:	
MAILING ADDRESS:	
STUDENT CELL PHONE:	
STUDENT EMAIL ADDRESS:	
20-21 GRADE LEVEL:	
BAND INSTRUMENT OR COLOR GUARD	

PARENT INFORMATION

PARENT/GUARDIAN NAME:	
MAILING ADDRESS:	
CELL PHONE:	
HOME PHONE:	
PARENT EMAIL ADDRESS:	

ALTERNATE EMERGENCY CONTACT INFORMATION

NAME/RELATIONSHIP:	
MAILING ADDRESS:	
CELL PHONE:	
HOME PHONE:	
EMAIL ADDRESS:	

LAST NAME:

MEDICAL INFORMATION
(Confidential – used in emergency only)

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

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Epilepsy/Seizure
<input type="checkbox"/>	Cardiac Problems	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Orthopedic Issues	<input type="checkbox"/>	Other: specify below	<input type="checkbox"/>	

Details of health issues/treatment and specify any other health or conditions that we need to be aware of:

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

Please list any current prescription medications, frequency & dosages:

MEDICATION	DOSAGE	FREQUENCY	OTHER INFORMATION

Please list any Allergies:

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INSURANCE INFORMATION

INSURANCE COMPANY	POLICY # / GROUP #	PHONE NUMBER

If No INSURANCE coverage, please inform Mr. Holmes so he can provide a WCPSS form so that school system can provide health insurance coverage.

Family Physician, Address & Phone number:

PHYSICIAN NAME/PRACTICE	ADDRESS	PHONE NUMBER

UNIFORM BAND SIZING

STUDENT NAME:	
STUDENT GRADE LEVEL:	

WAIST SIZE (INCHES)	
JACKET SIZE (CHEST SIZE, INCHES)	
SHOE SIZE (PLEASE USE SIZING DEVICE FROM STORE)	
GLOVE/HAND SIZE (INCHES, MEASURE WIDEST AREA BELOW FOUR FINGER DIGITS)	
TSHIRT SIZE (XS, S, M, L, XL, XXL)	

PLEASE NOTE THAT JACKETS AND PANTS ARE PROVIDED TO EACH STUDENT FROM OUR INVENTORY. PLEASE NOTE THAT SHOES AND GLOVES ARE ORDERED AND COST IS RESPONSIBILITY OF PARENT/STUDENT AND IS NOT INCLUDED IN THE MARCHING BAND FEES. PLEASE NOTE THAT ONE TSHIRT IS PROVIDED PER BAND STUDENT AND IS INCLUDED IN BAND FEES.

ADDITIONAL T-SHIRT ORDERS

ONE MARCHING BAND T-SHIRT IS INCLUDED IN COST OF BAND FEES. IF YOU WISH TO ORDER ADDITIONAL T-SHIRTS FOR PARENTS/FAMILY/BAND STUDENT, PLEASE LIST QUANTITY AND SIZES BELOW!

COST OF ADDITIONAL T-SHIRTS: \$15 PER T-SHIRT; PAYMENT REQUIRED IN ADVANCE

SIZE	QUANTITY
EXTRA SMALL ADULT	
SMALL ADULT	
MEDIUM ADULT	
LARGE ADULT	
EXTRA LARGE ADULT	
2X LARGE ADULT	
3XLARGE ADULT	



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

STUDENT NAME:	
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_____ I understand that the Marching Band/Color Guard FEES to participate for all members including marching band and color guard is **\$720.00 if Band Fees are paid in on time and in accordance with the Band Fee schedule.**

_____ I understand that if the Marching Band/Color Guard FEES are paid in full no later than September 17, 2021 that I will received a \$100 discount from the full amount.

_____ I understand the following Band Fee payment schedule must be paid in timely manner in order to not incur late payment fees.

PAYMENT DUE DATES	PAYMENT AMOUNT IF (AND ONLY IF) COASTAL DOES NOT OPEN FOR BUSINESS	PAYMENT AMOUNT IF COASTAL OPENS FOR BUSINESS AND PARENT AND CHILD SIGN UP AND WORK FOR 3 SHOWS
JULY 19, 2021	\$180	\$180
AUGUST 13, 2021	\$180	\$180
SEPTEMBER 17, 2021	\$180	\$180
OCTOBER 15, 2021	\$180	\$0

_____ I understand that I can also begin making Band Fee payments prior to outlined dates to spread the costs over longer period of time. Band Fees can be mailed to the Band PO Box or you can contact Band Association at knightdalehsband@gmail.com to make arrangements for payment by credit card or cash.

_____ I understand that the above band fees do not include the cost of personal items, such as marching shoes, color guard shoes or marching gloves. It is estimated that shoes may cost approximately \$30-\$40 and gloves are estimated cost of \$5-\$10, which is charged separately from the marching/color guard fees.

_____ I understand that if band fees are not paid in accordance with outlined schedule that my student may not be permitted to participate in Marching Band/Color Guard at both Football games and/or Competitions.

_____ I understand that a **\$50 late fee will be incurred for each payment period** that are not paid in accordance with payment schedule outlined above. Total late fee could be up to \$200 if payments are not received according to schedule.

_____ I understand that if band fees are not paid in full that in accordance with Wake County School Policy that the Band Association will submit names of students with outstanding balances to the Knightdale High School Financial Office. Please note that in accordance with Wake County School Policy that any student with fees that have not been paid will jeopardize their ability to participate in graduation ceremonies, ability to attend prom, their ability to participate in Marching Band/Color Guard in subsequent seasons, ability to participate in Holiday Marching parades and ability to attend the Band Spring Trip.

_____ I understand that after September 1, 2021, if my student decides they no longer wish to pursue Marching band that I am still responsible for the **entire payment**. The Marching Drill is created specifically for the number of marchers and color guard 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 initial payment will be refunded.

STUDENT NAME:	
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_____ I understand that if I am unable to adhere to the payment schedule that I will contact the KHS Band Association Board at knightdalehsband@gmail.com to discuss options at least 10 days prior to due dates.

_____ I understand that the Knightdale Band Association accepts cash, checks made out to **Knightdale High School Band Association** or credit card as forms of payments. In order to pay by Credit card, students will be set up in our Charms account.

_____ I understand there may be 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.*

SIGNATURES CANNOT BE ELECTRONIC SIGNATURES (BOTH PARENT AND MARCHING BAND/COLOR GUARD MEMBER MUST READ AND AGREE TO ALL INFORMATION OUTLINED IN MARCHING BAND PACKET)

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

Agree to abide by the rules and procedures of the Knightdale High School Band/Music Department, WCPSS policies and all information outlined in this band agreement.

Student Signature: _____ **Date:** _____

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

Band Association: _____ *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: _____
