



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



Dear Band Members & Band Parents,

I am writing to WELCOME you 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 for you and your child! This year marks our 10th year as a band and the hard work of the students and the support of the KHS administration and our parents has enabled us to accomplish some amazing things together. During our last marching season, we were grand champions and winners at several competitions. This has been a prelude to what we are poised to accomplish in the next year!

There are some very important dates *during the summer* of which you need to be aware. Please mark your calendars so that vacations and students work schedules can be planned around these dates.

This packet contains IMPORTANT information and the forms which must be completed and mailed prior to band camp. Mail the last two pages to: KHS Band – PO Box 748 – Knightdale, NC 27545. Please note: your 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! **(FRESHMEN – If you'd like, you may bring completed packet & payment to the first day of freshmen camp).**

FRESHMAN & New Student CAMP: JULY 29 – JULY 31; 5pm – 9pm

Although they will not admit it, most new students have some fears and hesitations entering the large new world of high school life. The KHS Band has provided the perfect transitioning tool for many students in the past. As a result 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.

Color Guard Camp: July 29 – July 31; 5pm – 9pm

Percussion Camp: July 29 – July 31; 5pm – 9pm

*If any part of camp will be missed, you **must** contact Mr. Bell!*

FULL Band Camp: Aug 4 – 7 & Aug 11 – 14; 5pm – 9pm (ALL Band and Color Guard 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 Meeting – Aug 15th – 6pm ****

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 2014. If at any point you have any questions, comments or concerns, please do not hesitate to contact me at rbell1@wcpss.net.

Ronzel Bell
Knightdale High School
Director of Bands
919-217-5374



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Included in this packet are forms
that MUST be returned

PRIOR
to the first day of **CAMP!**

Our mailing address is:
KHS Band Association
PO Box 748
Knightdale, NC 27545

Please take the time to read **ALL** the
information included and return the
last two pages only.



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Knightsdale High School Band

General Information and Health Form

Student's Name _____ Birth Date _____

Address _____ City/Zip _____

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

Parent / Guardian's Names & Phone Contact:

1. _____ Cell/Work/Home
2. _____ Cell/Work/Home
3. _____ Cell/Work/Home

Email address of STUDENT: _____

Email address of Parent: _____

Parent's Preferred Method of contact? _____

Student's Preferred method of contact? _____

Emergency Contact (*other than listed above*) _____

1. Address/Phone: _____ Cell/Work/Home

Relationship: _____

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

There will be spirit wear items available for purchase from the spirit wear committee in the fall.



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_____ 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 | <input type="checkbox"/> Cardiac Problem |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Allergies | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> Other |

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 are allowed to administer to your child:

- | | | | | |
|----------------------------------|----------------------------------|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Advil | <input type="checkbox"/> Imodium | <input type="checkbox"/> Benadryl |
|----------------------------------|----------------------------------|--------------------------------|----------------------------------|-----------------------------------|

Family Physician, Address & Phone number: _____

Initial Statement



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PARENTS - Please initial beside each statement, sign at the bottom & return no later than Aug 4, 2014 - 1st day ALL band camp

- I understand that the Total FEE to participate in marching band for all members is \$600.00. HOWEVER, if this fee is paid or earned by Oct 6th, a discount of \$100.00 will be applied, making the fee \$500.00. (The Band Association offers a variety of ways to help you earn this fee)
If after September 1, your student decides they no longer wish to pursue band, you are still responsible for the entire payment. The Drill is created specifically for the number of marchers enrolled - it has to be rewritten to account for those marchers who depart, creating additional, unbudgeted expenses.
I have been made aware of, and, if unable to pay the entire Fair Share by Aug 4, 2014, will adhere to the following payment schedule:
1. \$175.00 Earned/Paid any time before but no later than AUG 4, 2014. The first day of FULL band camp
2. \$175.00 Due by SEPT 8, 2014
3. \$150.00 Due by OCT 6, 2014
a. This date marks the end of qualification for the discount. Any account not paid/earned up to \$500 by this time must pay/earn the full amount of \$600
4. \$100.00 Due by NOVEMBER 15, 2014
a. This FINAL payment date marks the beginning of parade season and 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 or Band Director in order to receive an application for GRANT or ASSISTANCE in meeting my child's Band Fee. **Deadline for submitting this application is AUGUST 4th.
o If your family situation changes during the year, contact Mr. Bell.
To obtain an application:
o Contact Mr. Bell, Band Director;
o or email Mr. Seth McElvaney at s_h_mc@yahoo.com
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 our fee. ALL families are expected to participate in ALL fundraising activities.
I understand that the KHS Band Association will hold periodic 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.
o A meeting schedule will be posted in the band room and also announced through e-mail notification and will be posted on our web-site.
o ALL parents or guardians are automatically a voting member of the association.

I _____ and my child _____
(PARENT 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: _____