



Troy High School Band Forms

INSTRUCTIONS

There are three steps to completing your student's registration for Marching Band. All steps **MUST** be completed prior to, and turned in at, the Marching Band Orientation Meeting on Thursday, May 24, 2018.

Step 1 – Locate your student's current immunization records or request a copy from the doctor.

Current immunization records are required by the State of Michigan. Stating "up to date" or "on file with office" is not acceptable.

Step 2 - Online Registration

1. See instructions on next page for completing your online student/parent profile in the [Charms website](#). It is important to complete both the student AND the parent sections.
2. Please use this handy checklist to insure you have entered the most relevant data:

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Camp T-Shirt Size |
| <input type="checkbox"/> Address | <input type="checkbox"/> Birthdate |
| <input type="checkbox"/> Any Special Dietary Needs are listed (i.e. vegetarian, nut allergy) | <input type="checkbox"/> Parent Tabs are set up |
| <input type="checkbox"/> Student Gender is correct | <input type="checkbox"/> Parent emails are entered |
| <input type="checkbox"/> Student Email (cannot be Troyschools.org) If student does not have an email , then enter parent's | <input type="checkbox"/> Parents have indicated at least 3 areas in the "Interests" section where they can volunteer |

Step 3 - Forms

1. Please complete the forms on the following pages. They are required for participation in band. Simply type in the fields on the forms, then save, print and sign.
2. Common fields (e.g., student name) need only be entered once.
3. All parent, student, and witness signatures are required as indicated. These fields won't be accessible and must be completed by hand AFTER printing.
4. FORM 4: To electronically calculate totals, you must have Adobe Reader JavaScript enabled. Additionally, you must select the "calculate" box above the "subtotal uniform components ordered" field.
5. Print all forms (**one-sided please**), **be sure to sign, and have witnessed as required.**
6. Please bring forms along with fee payment (check made payable to TROY HIGH BAND BOOSTERS or credit card) to the mandatory Marching Band Orientation Meeting.

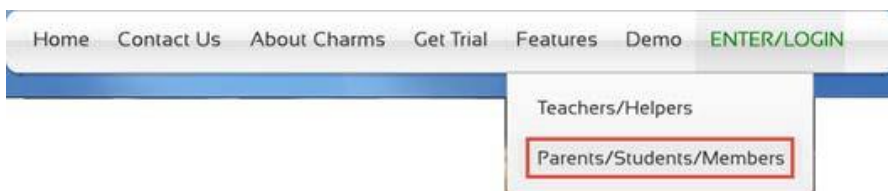
About: This guide will guide you through updating your student and parent information.

Who should use this: Students and parents

1. Navigate to the [Troy Colt Bands](http://TroyColtBands.org) web site.
2. From the menu, click **Charms**, then **Parents & Students**.



3. ALTERNATELY navigate to the CharmsOffice.com web site.
4. From the menu, click **ENTER/LOGIN**, then **Parents/Students/Members**.



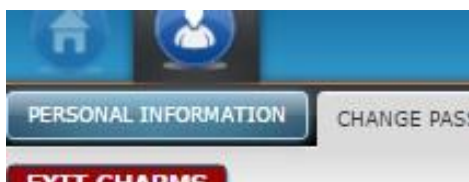
5. If prompted for your school code, enter **TroyColtBands**, then click **Enter Charms**.

6. Enter your password, then click **Enter**. If this is your first time logging into Charms, then your password is your student ID number.

Note: If you receive an error indicating that the student password or ID number was incorrect, use your browser's back arrow and try again. If you are sure that you entered your information correctly, send an email to CharmsAdmin@TroyColtBands.org.

Provide your full name and student ID number. We may need to create a new account for you or reset your password.

7. Click on the **Personal Information** tab.



8. Verify your **Name, Address, Phone, Cell, Cell Carrier** and **E-mail** information. Make corrections as necessary.

Note: It is important that your email, cell, and cell carrier information is up to date. The cell carrier information is used to send text alerts. Normal text messages rates will apply. If you do not wish to receive text messages, leave cell carrier as "Select Carrier."

| | | | |
|---------------------|--|---------------------------------|---|
| First Name | <input type="text" value="Alejandro"/> | | |
| Middle Name | <input type="text"/> | | |
| Last Name | <input type="text" value="Estudiante"/> | | |
| Address | <input type="text" value="123 Easy Street"/> | | |
| City, St Zip | <input type="text" value="Troy"/> | <input type="text" value="MI"/> | <input type="text" value="48098"/> |
| Phone | <input type="text" value="(248) 555-1234"/> | Cell | <input type="text" value="(248) 225-3884"/> |
| Cell Carrier | <input type="text" value="T-Mobile"/> | | |
| E-mail | <input type="text" value="bandrocks@gmail.com"/> | | |

9. Verify your **Gender, Birthdate & T-Shirt Size**. Make corrections as necessary.
10. Verify your **Primary Group, Other Groups, and Instruments**.

If any of this information is incorrect, send corrections to:

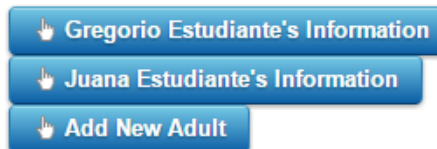
THBB_VicePresident@TroyColtBands.org

11. **NEW!** List any food allergies or other dietary needs we should know of in the **Dietary Needs** section.
12. **Note:** Please remember to click the **Update** button in the upper right corner in order to save any changes.



| | |
|-------------------------|---|
| Sex | <input type="text" value="M"/> |
| Locker | none Combination <input type="text"/> |
| Birthdate | <input type="text" value="5/4/2000"/> |
| T-Shirt Size | <input type="text" value="L"/> |
| Primary Group | Concert Band |
| Other Groups | Jazz Ensemble Marching Band |
| Instrument/Part: | Band: Alto Sax Marching Band: Alto Sax Jazz Ensemble: Baritone Sax |
| Dietary Needs | <input type="text" value="Allergic to nuts"/> |

13. Click on the buttons for your parent's information (bottom left) in turn. Make any corrections as necessary.
14. **Note:** It is important that your parent's **E-mail, Cell, and Cell Carrier** information is up to date. The cell carrier information is used to send text alerts. Normal text messages rates will apply. If your parents do not wish to receive text messages, leave cell carrier as "Select Carrier."
15. **NEW FOR PARENTS:** Each parent should select AT LEAST THREE areas of interest so our chairpeople can contact you to help. Use the scroll bar to select from more than 60 ways to get involved!



| Interests | |
|------------------------|--------------------------|
| Accounting Skills | <input type="checkbox"/> |
| Arts/Crafts/Decorating | <input type="checkbox"/> |
| Baking | <input type="checkbox"/> |
| Band Banquet | <input type="checkbox"/> |
| Band Camp Chaperone | <input type="checkbox"/> |
| Band Camp Return | <input type="checkbox"/> |
| CALL ME FOR ANYTHING | <input type="checkbox"/> |

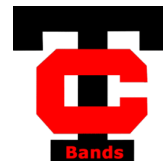
16. Please remember to click the **Update** button in the upper right corner on each page in order to save any changes.



17. Please print your student info and bring it to the orientation.
-

18. To log off, click **EXIT CHARMS**

EXIT CHARMS



Student Information (Please Print)

| | | | |
|--|--|--|-----------------|
| Last Name, First Name - Preferred Name if any (Ex. Smith, Richard – Richie) | | [] Male [] Female | Graduation Year |
| Band(s): [] Symphonic [] Cadet [] Jazz [] Concert [] Campus | | Student ID # | |
| Other Designation(s): [] Colorguard [] New TCMB Member | | Birthday: ____ / ____ / ____ | |
| Adult T-shirt size (not compression shirt) [] S [] M [] L [] XL [] 2XL | | Dietary Restrictions: [] Vegetarian [] No Pork [] Gluten free [] Other (specify) _____ | |

TROY SCHOOL DISTRICT PARENTAL CONSENT FOR BAND FIELD TRIPS

The Troy School District requires written permission for transportation of all students to and from school-approved field trips, activities and excursions. Your written permission is required for transportation of your son/daughter to school-sponsored activities, as detailed below:

| | |
|------------------|---|
| Travel to: | All required events as listed on performance contracts, including related field trips |
| Purpose of Trip: | Performances, rehearsals, team-building events, and clinics |
| Expense: | N/A for required events, TBA for other events |

Students will receive specific details (time of departure/return, etc.) prior to each scheduled event. Students will be supervised by assigned chaperones according to school policy.

Please Note: It is the policy of the Troy Colt Bands that all band members will travel to and from all band events via school provided transportation.

PARENTAL CONSENT

My son/daughter has permission to participate in all school-approved Troy High School Band activities for the 2018-19 school year and to ride a school/commercial bus, or ride in vehicles driven by parent chaperones.

I, the undersigned parent/legal guardian of _____ hereby grant permission for this
(please print)
child to travel on said trips, activities and excursions as indicated above.

Signature _____ Date ____ / ____ / ____

Printed Name of Parent/Legal Guardian _____

Troy High School 2018-2019 Parent Volunteer Reference List

Our students need your help. **It is expected that all parents offer assistance. Please follow the instructions on the **CHARMS GUIDE** to indicate where you can help.** We ask that you select at least 3 items from the list. You will be contacted by a committee chair to determine exact dates (many dates are already listed on the performance calendar) and duties and how you can help our band be the best it can be!!

This list is provided for your reference only.

Chaperones:

Band Camp (August 2018)
Spring Trip (April 2019)
Marching Season Events
Concert Season Events
Away Football Games
Laser Tag
Hayride
MB End of Season Dance
Special Events

Production Assistance:

Marching Band Pit Crew (move equip./instruments during show)
Stock Medical Bags
Create Field and Stage Decorations
Drive Trailer or Truck
Support Percussion Section (Particularly Percussion Parents!)
Support Colorguard (Particularly Colorguard Parents!)
Decorate Auditorium for Concerts

Uniform Assistance:

Size and Distribute Uniforms
Collect Uniforms at End of Season
Collect Uniforms for Special Performances
Distribute Plumes during Marching Season
Distribute Pearls to Symphonic Band during Concert Season
Repair Uniform

Public Relations:

Maintain and Update Band Website
Photograph Band Performances and Activities
Videotape Band Performances and Activities
Create/Produce Performance Videos
Create/Produce End-of-Year Videos
Decorate Showcase Outside the Band Room
Write Press Releases
Collect Press Clippings re: Band Activities

Fundraising Support:

Spiritwear Sales
Can & Bottle Drives
Spring Concert Ads
Fall Fundraiser
Raffle
Restaurant Fundraisers
Colt Celebration Auction Donation Drive
Music Marathon

Costume/flag sewing:

Fabric Cutting
Flag Sewing

Social Events Assistance:

Band Camp Return
Tailgate (Potluck) Party
Homecoming Dinner
Post MSBOA Performance Treats (am)
Colt Celebration Dinner Dance
Marching Band End-of-Season Dance
Band Banquet
Senior End-of-Year Activities
Food Shopping for Special Events
Serve Water at MB Practice (Monday afternoons)
Serve Water after Concerts & Parades
Serve Water during Football Games
Serve Booster Meetings Snacks

Other

Organizing End-of-Year Awards
Music Library Organization
Music Duplication
Call Me for Anything

Special Skill(s):

| | |
|------------------------|-------------------|
| Grant Writing | Travel Planning |
| Notary Public | Medical Training |
| Carpentry | Accounting Skills |
| Catering | Baking |
| Arts/Crafts/Decorating | Nurse |
| Other | |
| Computer skills | |
| MS Excel | MS Power Point |
| MS Publisher | MS Word |
| Web development | Acrobat (Forms) |

In addition to volunteering with the band, we encourage donations. Please indicate if you are able to provide any of the following:

Refreshment/Snack Donations:

Band Camp Return (Items TBA)
Cases of Water
Pop
Fruit Bars
Snacks
Bake Sale Items

Troy High School
2018 Troy Colt Marching Band
Rehearsal and Performance Contract

All THS Symphonic and Concert Band members are required to attend ALL Marching Band rehearsals and performances. Exceptions include death in the family or extreme illness accompanied by a doctor's note. Conflicts with this schedule should be cleared well in advance. All absences will be deemed excused at the discretion of the director. Any absences not marked on this form will automatically be considered unexcused and will result in a lowered grade. Failure to return this contract will result in the student being placed on probationary (non-performance) status.

Some events may be added to this schedule at a later time. If this occurs, students should notify Mr. Nutting of any conflicts, immediately. This is the only way to receive an excused absence. Please place an "X" next to those event(s) that are unavoidable conflicts only, and explain your reason(s) at the bottom.

MARCHING BAND REHEARSALS, MONDAYS, 2:30 – 5:00pm, ATTENDANCE MANDATORY

| | | |
|-------|---------------------|--|
| _____ | August | 20, 27 |
| _____ | September | (Tuesday, Sept. 4), 10, 17, 24 |
| _____ | October | 1, 8, 15, 22 |
| <hr/> | | |
| _____ | August 6-8 (M-W) | New Member Clinics (including squad leaders), 1-4pm |
| _____ | August 6-9 (M-TH) | Instrument Pre-Camp Sectionals run by Mr. Nutting, afternoon/evening (see MB Information Packet for times) |
| _____ | August 8 (W) | Pre-camp mandatory meeting (student & parent), 8pm |
| _____ | August 9 (TH) | Marching Band Photo Session, 6pm, FULL UNIFORM |
| _____ | August 10 (F) | Student Leadership at Band Camp |
| _____ | August 11-17 (SA-F) | Band Camp (<i>all</i> MB members) |
| _____ | August 17 (F) | Sneak Preview Performance, 6pm |
| _____ | August 21 (T) | TSD Teacher In-Service Performance, 7-9am, Athens HS |
| _____ | August 23 (TH) | Home Game #1 |
| _____ | September 7 (F) | Home Game #2 |
| _____ | September 15 (SA) | Marching Band Invitational, TBA |
| _____ | September 21 (F) | Home Game #3 |
| _____ | September 22 (SA) | Groves High School Marching Band Invitational, Time TBA |
| _____ | September 28 (F) | Home Game #4 and parade, Homecoming |
| _____ | October 6 (S) | Marching Band Invitational, TBA |
| _____ | October 9 (T) | Pre-Festival Rehearsal, 6-9pm |
| _____ | October 10 (W) | MSBOA District Marching Band Festival |
| _____ | October 12 (F) | Home Game #5 (Troy/Athens) |
| _____ | October 17 (W) | (<i>RAINDATE</i> , MSBOA District Marching Band Festival) |
| _____ | October 22 (M) | Dress Rehearsal, Colt Spectacular, 2:30-5pm |
| _____ | October 23 (T) | Colt Spectacular, 7pm |

Explanation(s)

I understand that attendance at all above listed activities is MANDATORY and realize that absence or tardiness will affect both my grade and standing in the Troy High Bands.

Student Signature _____

Parent Signature _____

Troy High School Bands

Band Camp Deposit, Operation, and Uniform Fees (Please make check payable to TROY HIGH BAND BOOSTERS)

| | |
|--|------------------------------------|
| Student Name: _____ | Home Phone: (____) ____ - _____ |
| Check all that apply: <input type="checkbox"/> New TCMB Member <input type="checkbox"/> Colorguard <input type="checkbox"/> Percussion | |

BAND CAMP - Full cost of 2018 band camp is \$425

- Pick One Camp Payment Option:

☐ **\$125 BAND CAMP DEPOSIT - (Non-refundable)**
(\$300 Balance Due In July Applies)

-or-

☐ **\$425 BAND CAMP FULL PAYMENT (Optional, in place of deposit)**

\$145 OPERATIONS FEE – Required of all marching band students

This fee covers the marching and concert season cost of cleaning and maintaining uniforms, mailings, snacks and meals as needed, and supports half time and stage events.

UNIFORM FEE - Uniform components required of all members except Colorguard

(Please check all that apply)

- ☐ **\$5** WHITE Marching gloves (ALL MEMBERS except percussionists)
- ☐ **\$40** Marching shoes (as needed by veterans)
- ☐ **\$20** Marching Compression Shirt (as needed by veterans)
- ☐ **\$10** Marching Shorts (as needed by veterans)

Colorguard Only

- ☐ **\$150** Halftime costume (all guard members)
- ☐ **\$50** Halftime boots (all guard members)
- ☐ **\$55** Parade shoes (as needed by returning guard)

☐ Please check this box to electronically calculate totals (Adobe JavaScript must be enabled)

\$ _____ Camp payment selection
\$ _____ Subtotal uniform components ordered

+ \$145 Operations fee

\$ _____ Check Total

If you have questions, please contact:

| | | | |
|----------------|--------------|---|--|
| Denice Schomer | 586-917-8489 | - | THBB_President@TroyColtBands.org |
| Tim Ha | 248-227-9730 | - | THBB_Treasurer@TroyColtBands.org |
| Barbara Dawson | 248-550-9867 | - | THBB_UniformCommittee@TroyColtBands.org |

Health Form

Student _____ [] Male [] Female Birthdate ____ / ____ / ____

Address _____ Home Phone (____) ____ - ____

City _____ State ____ Zip _____

Mother/Guardian _____ Work Phone (____) ____ - ____ Ext ____

Father/Guardian _____ Work Phone (____) ____ - ____ Ext ____

Emergency Contact Person _____ Work/Cell Phone (____) ____ - ____ Ext ____

Emergency Contact Person _____ Work/Cell Phone (____) ____ - ____ Ext ____

Health Insurance Carrier _____ Name on Card _____

Group# _____ Contract# _____ Plan Code _____ Coverage Code _____

Name of Dentist/Orthodontist _____ Phone (____) ____ - ____

Name of Family Physician _____ Phone (____) ____ - ____

Medical Information – Please indicate if the student has any of the listed difficulties and give approximate dates where applicable. Indicate action to take if aggravated while in care of the Troy High School Bands.

Dietary Restrictions:

_____**Health History**

_____ Diabetes
 _____ Orthopedic Problems
 _____ Convulsions
 _____ Epilepsy
 _____ Cardiac Problems
 _____ Frequent Ear Infections
 _____ Bleeding/Clotting Problems
 _____ Hypertension
 _____ Mononucleosis
 _____ Asthma
 _____ Other

Vaccine**Immunization****Booster**

| | | |
|---|--|--|
| Diphtheria Pertussis (Whooping Cough) Tetanus Or DPT | | |
| Tetanus Diphtheria Or TD | | |
| Tetanus | | |
| Oral Polio (Sabin)* TOPV | | |
| Injectable Polio (Salk) | | |
| Measles(hard,red measles (rubella) | | |
| Mumps | | |
| Rubella (German measles, 3-day measles) | | |
| Other | | |
| Tuberculin test given _____ most recent | | |
| Haemophilus influenza b (HIB) | | |
| Hepatitis B | | |

You may attach an immunization record.**Please DO NOT say "Up To Date" or "On File With Office".**

Explanation of above

1. List any special conditions such as bedwetting, dietary restrictions, fainting, or sleep walking camper has:

2. List any health, behavioral, or emotional problems camper has:

3. Should camper's activity be restricted because of any physical reason? If yes, explain.

4. List any medications camper takes:

| Name | Frequency | Dosage | Med Checked in to Health Official |
|------|-----------|--------|-----------------------------------|
|------|-----------|--------|-----------------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

5. Has your child had any of the following diseases or has had any recent exposure to:
(Please include the approximate date if the answer is "yes")

| | |
|-------------------|----------------------------------|
| _____ Measles | _____ German Measles |
| _____ Mumps | _____ Tuberculosis |
| _____ Chicken Pox | _____ Other communicable disease |

6. Please list any allergies that your child has, including medications such as penicillin or other antibiotics, dietary, or environmental, including bee stings/insect bites or poison ivy. Also include what type of reaction your child experiences and what type of treatment is needed.

7. I certify that the information in this Health Form history is true and accurate to the best of my knowledge, and that the band member named herein has permission to engage in all activities except as otherwise noted.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Printed Name: _____

Student Name: _____

Date of Birth: ____/____/____

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT OF MINOR CHILD

I hereby give my permission to the Health Care Officer to administer Tylenol or Ibuprofen to my son/daughter as needed as for pain or cold symptoms

Yes _____ No _____ _____ / _____ / _____
Signature of parent or legal guardian Date

I hereby give my permission to the Health Care Officer to administer non-prescription cold remedies to my child.

Yes _____ No _____ _____ / _____ / _____
Signature of parent or legal guardian Date

I, the undersigned parent/legal guardian of _____, hereby grant permission for this Minor Child to travel on school-approved trips, activities, and excursions as a member of the Troy High School band program. During the course of the above-described school-sponsored activities, I grant authorization and consent for the Director of Bands or his/her designee (hereinafter "Designated Adult") to administer general first aid treatment for any minor illnesses or injuries experienced by the Minor Child. If the injury or illness is life threatening or in need of emergency medical or dental treatment, and I am unavailable or otherwise unable to provide authorization directly, I grant the Designated Adult the authority to act for me and to provide any required consents and authorizations for the delivery of emergency medical or dental care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of the Minor Child, and to make all other necessary decisions as I might or could do to provide for the Minor Child's health and safety if I were present. I agree to assume financial responsibility for all expenses of such care.

I understand that this authorization is given in advance of any such medical or dental treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical, dental, or emergency personnel.

This authorization is effective through the end of the 2018-19 school year.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Printed Name: _____ Relationship to student: _____

Address: _____ City: _____ State ____ Zip _____

Home Phone #: (____) ____ - _____ Cell Phone #: (____) ____ - _____

Work Phone #: (____) ____ - _____

Signature of Adult Witness: _____ Date: ____ / ____ / ____

Printed Name of Adult Witness: _____

Home Phone #: (____) ____ - _____ Cell Phone #: (____) ____ - _____

Work Phone #: (____) ____ - _____

Troy Colt Marching Band**Post-Band Camp Student Release Authorization**

Following the completion of the Troy Colt Marching Band Camp and return to Troy High School on August 17, 2018, I acknowledge that it is my responsibility to meet my son or daughter at Troy High School. I waive any requirement for the Director of the Troy Colt Marching Band or his representatives to check identification of the individuals to whom my son or daughter are released.

Signature of Parent or Legal Guardian of Student

Print Name of Parent or Legal Guardian of Student

Date ____ / ____ / ____