



North Buncombe Band Boosters
PO Box 1175
Weaverville NC 28787
blackhawkband.com

Dear Parents/Guardians:

Tonight you will fill out this year's Band forms. Please read over them carefully, fill them out completely, and print clearly (some pages may be double sided). If you have any questions, please see one of the Booster Executive Committee members. Members of the committee are: Scott Jones, Thomas and Dawn Williams, Paula Fann, Leah Erwin, and Brenda Fisher. On the reverse side of this page is a list of scheduled events for you to keep for reference.

IMPORTANT: When picking up your student(s) upon their return to NBHS following an off campus band event, please park in the NBHS senior lot. Following this simple procedure is critical to ensure student safety as the buses return to campus and offload their passengers.

Band Camp Schedule

- August 1-3 Rookie Camp (REQUIRED for all first year NBHS Marching Band students regardless of grade) 9am-12pm
- August 1-5 Percussion and Guard Camp 9am-5pm
- August 4-5 Full Band Camp I 9am-5pm
- August 8-12 Full Band Camp II 9am-9pm

There will be a potluck dinner in the cafeteria on Friday, August 12th to celebrate the end of band camp and listen to what the students have learned so far. Please have food there by 6:15 and dinner will be served at 6:30. Please bring a main dish, two sides and a drink, enough to feed your family and some to share.

Monthly Booster meetings are held on the 3rd Monday of each month in the NBHS band room at 7pm unless otherwise announced.

Thank you. We are looking forward to a great season.

The Executive Committee

Helpful Payment Information

Methods of payments are as follows:

- Checks payable to NB Band Boosters may be submitted to the address at the top of this page.
- Cash or checks may be submitted to the Band Treasurer, Brenda Fisher, either directly or via the wooden payment drop box mounted to the wall in the NBHS Band Room.

Please note: A \$35.00 fee will be charged for any returned checks, and could result in cash only payments being required.

NBBB not responsible for cash sent via students.

Please use a sealed envelope and clearly indicate the student's name on all payments.



Blackhawk Band Important Dates for 2016/2017

Summer Band Practice Schedule

- August 15, 16, 18, 22, 23, 25, and 26 3pm-6pm

Home Football Schedule (Senior and 8th Grade Recognition Night/s TBD.)

- August 26 Madison High School
- September 9 Mitchell High School
- September 30 McDowell High School (Homecoming)
- October 21 Erwin High School
- November 4 Reynolds High School

Marching Band Competition Schedule

- September 24 Enka High School
- October 1 Reynolds High School
- October 15 Freedom High School or Science Hill High School (TBD)
- October 22 Western Carolina University
- October 29 Appalachian State University

Other Important Dates

- September 30 Homecoming Parade
- November 1 Fall Concert
- December 3 Weaverville Christmas Parade
- December 19 Holiday Concert
- January 14 Jazz (TBD)
- January 19 All District
- January 23-24 All County
- January 28 Winter Guard/Percussion CIPA Event
- February 11-12 All District
- February 18 Winter Guard/Percussion CIPA Event
- February 18-19 Jazz Combo to Chapel Hill
- February 24-26 All Region Orchestra
- March 4 All State & Winter Guard/Percussion CIPA Event
- March 15-16 MPA's
- March 18 Winter Guard/Percussion CIPA Event
- March 23 NBMS Concert
- March 30-April 2 Washington DC for President's Cup
- April 1-2 Winter Guard/Percussion CIPA Event
- April 7-8 All State Jazz
- April 13 Jazz to NWR
- April 22/29 Jazz Trip
- May 5-7 All State
- May 13 Jazz MPA



Blackhawk Band Waiver Form

Band Student _____
Parent or Legal Guardian _____
Parent or Legal Guardian phone # _____

Waiver: In consideration of my participation in the North Buncombe Blackhawk Band, I for myself, my heirs, and assigns, hereby release Buncombe County Board of Education, sponsors, volunteers, and employees of this activity for any and all liability arising from illness and damages I may suffer as a result of participation in such an event. I attest that I am physically fit, have insurance, and I am aware that participation in this event could, in some circumstance, result in severe physical injury or death. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury, or death, sustained from participation in North Buncombe Blackhawk Band activities including any claims for negligence of the Released Parties.

Student Signature: _____ Date: _____
Parent/Guardian Signature if under 18: _____ Date: _____

List your current health insurance provider below.
Insurance Carrier: _____

PARENTAL PERMISSION FOR USE OF STUDENT PHOTOGRAPHY, LIKENESS AND/OR VOICE FOR SCHOOL/BAND

This form is used to establish parental permission for student participation in areas where pictures are taken, voices are recorded, and/or videos are made. Please call your school if you have any questions.

I, _____ parent or legal guardian of _____ hereby grant permission to North Buncombe High School/North Buncombe Band Boosters to use my child's photograph, likeness, and/or voice in any way that would reasonably portray programs of North Buncombe High School/North Buncombe Bands. This includes pictures/videos in the yearbook, pictures/videos taken in the classroom or on field trips, athletic events, school programs, school/booster websites, etc. I further release North Buncombe High School/North Buncombe Band Boosters, and any of its employees or agents, from any damages in using my child's photograph, likeness, and/or voice. I do further certify that I am of full legal capacity to execute the above authorization and release.

Parent/Guardian Name: _____
Parent/Guardian Signature: _____



Blackhawk Band Medical Information Form

My son/daughter/student has permission to take over-the-counter medications needed to treat a minor illness while on a band trip. Every effort will be made to communicate with the parent/guardian, treatment needs and results while on a trip. Should the need for more extensive treatment arise, the student will be taken to an appropriate medical facility. If there are any medications that your child takes on a regular basis please list those below. This information may be needed in an emergency.

Student: _____

Does Student have a medical condition we need to be aware of? _____

Prescription medication we need to be aware of. Please indicate medication, dose, frequency taken and route of method taken. (orally, by inhalation, or injection) _____

Over The Counter Medication. Please indicate if student takes any non-prescription medications routinely: _____

Allergies (non-food related): _____

Does Student have any specific food requirements/allergies? (Gluten free, vegetarian, allergic to peanuts, etc.) _____

Parent/Guardian Signature

Date



Authorization for Emergency Medical Care and Disbursement of Over the Counter Medication

I hereby give my permission to the adult leadership of the North Buncombe Band Boosters to secure and authorize emergency medical treatment should my child become seriously ill or injured. I understand that every effort will be made to contact me in case of emergency. My child may be given any of the over the counter medications checked below if necessary:

TYLENOL(ACETAMINOPHEN):_____, ADVIL(IBUPROFEN):_____, DECONGESTANT:_____, MIDOL:_____, TUMS:_____, BENADRYL:_____, IMODIUM:_____, DRAMAMINE:_____

I understand that it is my responsibility to inform the North Buncombe Band Boosters of any changes in my student's medication by requesting and completing a new medical form.

Student Name:_____
Parent/Guardian Name:_____
Parent/Guardian Signature:_____

Drug, Alcohol, and Behavior Responsibility Clause:

In compliance with Buncombe County school policies, during any event or trip sponsored by the North Buncombe band or North Buncombe band Boosters, if my child: 1) acts in a manner which endangers his/her life or the life of another person; 2) has in his/her possession drugs, alcohol or tobacco; 3) is in possession of any concealed weapons, i.e. Pocket knives, or knives of any kind, guns of any kind, etc. or 4) repeatedly disobeys the rules of the group, I understand that the adult leadership may contact me at any hour of the day or night to arrange for the immediate return home of my student. Any additional costs incurred to accommodate the student's home transport is payable by me.

I understand that all school policies/rules apply at all times, including the Buncombe County school dress code. I acknowledge that I will be financially held responsible for any damages caused by my child's misconduct or actions.

I understand that my student's phone number will be in possession of their chaperone during any out of town trips.

For further information, please see the Buncombe County schools website for policy information.

Student Signature:_____ Date:_____
Parent/Guardian Signature:_____ Date:_____



2016-2017 Blackhawk Band Student Fee Agreement Form

Your son/daughter/student has elected to participate in the North Buncombe High School Band program. By electing to participate each student and parent/guardian acknowledge to abide by the fee requirements adopted by the North Buncombe Band Boosters. These fees cover costs associated with musical score development, instruction, drill, band camp instruction, concert camp instruction, transportation costs for any band related trip away from NBHS, food and lodging costs for overnight trips, uniforms and associated repairs, costs to move band equipment from NBHS to band related events. Band fees are contingent on the operations budget, fundraising and the number of students participating. There may be additional fees related to certain trips or functions that are not covered by the budget. These additional costs will be communicated in a timely manner thru the North Buncombe Band Boosters. Any damage beyond normal wear and tear, to instruments and/or equipment not owned by a student, will be the responsibility of the Parents/Guardians.

The cost per student is \$775.00 for full year high school students and \$640 for color guard, 8th graders and STEM marchers. You can reduce this amount that you owe by volunteering at various events/activities. Each hour that you volunteer will credit your child's account by \$15.00 with a maximum of 20 hours for High School students (15 hours required during fall marching season 5 hours during spring concert season), and 10 hours (all required during fall marching season) for color guard, 8th grade marchers and STEM marchers. This volunteer commitment reduces the requisite fee to \$515.00 for High School students and \$425.00 for color guard, 8th graders and STEM marchers.

The payment structure for year round High School students with volunteer hours is:

- \$140.00 to be paid at the mandatory registration meeting on May 31, 2016
- \$125.00 to be paid by the first day of your child's band camp (either percussion/guard or full band). If this amount has not been paid, your child will be dismissed from camp and not allowed to return until money is paid. Any fees past due must also be paid prior to band camp.
- \$125.00 due by August 15th.
- \$125.00 due by September 15th.

If you choose not to volunteer, use the following payment schedule for full time High School students:

- \$235.00 to be paid at the mandatory registration meeting on May 31, 2016.
- \$180.00 to be paid by the first day of your child's band camp (either percussion, guard, rookie, or full band). If this amount has not been paid, your child will be dismissed from camp and not allowed to return until money is paid. Any fees past due must also be paid prior to band camp.
- \$180.00 due by August 15th.
- \$180.00 due by September 15th.

The payment structure for Color guard, 8th graders and STEM marchers with volunteer hours is:

- \$125.00 to be paid at the mandatory registration meeting on May 31, 2016.
- \$100.00 to be paid by the first day of your child's band camp (either percussion, guard, rookie, or full band). If this amount has not been paid, your child will be dismissed from camp and not allowed to return until money is paid. Any fees past due must also be paid prior to band camp.
- \$100.00 due by August 15th.
- \$100.00 due by September 15th.

If you choose not to volunteer, please use the following payment schedule for Color guard, 8th graders and STEM marchers:

- \$175.00 to be paid at the mandatory registration meeting on May 31, 2016.
- \$155.00 to be paid by the first day of your child's band camp (either percussion, guard, rookie, or full band). If this amount has not been paid, your child will be dismissed from camp and not allowed to return until money is paid. Any fees past due must also be paid prior to band camp.
- \$155.00 due by August 15th.
- \$155.00 due by September 15th.

All volunteers must be sure that their hours are registered with the Volunteer Coordinator in order to qualify for the discounted student fee. For anyone that feels they should be exempt for a particular reason, they shall submit in writing a reasonable cause to the Booster Executive Committee and the Band Director for review. A decision will be provided to the requestor regarding each request.

These fees are to be paid to the Band Boosters of North Buncombe High School per the schedule above. A monthly statement will be provided to you from the Band Booster Treasurer, Brenda Fisher. Methods of payments are as follows:

- Checks payable to NB Band Boosters may be submitted to:

North Buncombe Band Boosters
PO Box 1175
Weaverville NC 28787

- Cash or checks may be submitted to the Band Treasurer, Brenda Fisher, either directly or via the wooden payment drop box mounted to the wall in the NBHS Band Room.

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Please use a sealed envelope and clearly indicate the student's name on all payments.

If band fees are not paid in full, then subsequent band trips or other functions could be cancelled, as registration, transportation, etc. is paid in advance. Likewise, failure to pay band fees may result in your student's removal from marching competition events.

By signing this agreement I understand the above information and agree to pay the band fee. I acknowledge that failure to pay band fees will result in my child participating in only the Buncombe County School funded activities.

Student's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



2016-2017 Blackhawk Band Student/Parent Information Form

Student: _____
Address: _____
City & Zip Code: _____
Email: _____
Home Phone Number: _____
Student's Cell Phone Number/**Carrier**: _____
Date of Birth: _____ Instrument: _____
Will the student be using a school instrument? _____ Yes _____ No
Grade: _____ Age: _____ Shirt Size: _____

Father/Guardian: _____
Address (if different from students): _____
City & Zip Code: _____
Father's/Guardian's Email: _____
Home Phone Number (if different from students): _____
Father's/Guardian's Cell Phone Number/**Carrier**: _____
Texting is an important method of our communication. Do you wish to
participate in the texting service? _____ Yes _____ No

Mother/Guardian: _____
Address (if different from students): _____
City & Zip Code: _____
Mother's/Guardian's Email: _____
Home Phone Number (if different from students): _____
Mother's/Guardian's Cell Phone Number/**Carrier**: _____
Texting is an important method of our communication. Do you wish to
participate in the texting service? _____ Yes _____ No
