



# RIVERDALE HIGH SCHOOL BAND

## 2020-2021 REGISTRATION FORMS PACKET

**REGISTRATION FORM (PAGE 2)** Visit [www.riverdaleband.com](http://www.riverdaleband.com) for a link to the on-line registration form or you can print Page 2 and complete.

**TRAVEL & PHOTO RELEASE FORM AND MEDICAL RELEASE FORM (PAGE 3-4)** must be printed, signed and notarized. Click below link to access the form. If you do not have access to a printer, please have your student ask the band directors for a form.

### FINANCIAL INFORMATION

Member Dues support all marching and concert band activity including instruction, music, marching show drill design, uniform maintenance, transportation, licensing, competition fees, concert assessment costs, various meals provided to students, practice field maintenance, props for drill design, field equipment, and many others.

The annual dues are \$600 and are expected to be paid in full by September 10, 2020. You can pay in full or per the following payment schedule. If there are concerns with the payment schedule, please contact the Booster Treasurer or Assistant Treasurer. Statements will be emailed monthly.

- Due Date: 6/10/2020 - \$150 - Installment #1
- Due Date: 7/1/2020 - \$150 - Installment #2
- Due Date: 8/1/2020 - \$150 - Installment #3
- Due Date: 9/10/2020 - \$150 - Installment #4

### COVID-19 Statement:

*Although there is a lot of uncertainty, we strive to follow normalcy of band functions as much as possible. We must think of expenses that have to be met for this normalcy. We will work with each one individually regarding payments if you are unable to pay by this schedule.*

### Refund Disclosure:

1. If student leaves the band program before 8/7/2020, all monies paid in excess of the \$150 non-refundable deposit will be refunded.
2. No refunds will be issued after 9/1/2020.
3. If student leaves prior to 9/1/2020, all monies paid in excess of \$300, will be prorated at the discretion of the Band Directors and the Band Booster Treasurer.

### HOW TO SUBMIT A PAYMENT?

1. Mail payments to  
Riverdale HS Band Boosters  
P.O. Box 2337  
Murfreesboro, TN 37133-2337
2. Credit Card Payments  
<http://www.riverdaleband.com/payments/>

### NEW STUDENTS ARRIVING AFTER BAND CAMP

- 1) Please complete these forms and return them to the band directors
- 2) Questions about payments, including alternative payment plan information, please contact the Treasurer at [riverdalebandboosters@gmail.com](mailto:riverdalebandboosters@gmail.com)

3. Students can drop payments in Booster Payment Box in Band Director's office. Please place all payments in an envelope and clearly indicate Student Name and Purpose of Payment.
4. Payments will be accepted at Uniform Fittings and at any Band Booster Meeting.



# RIVERDALE HIGH SCHOOL BAND

If you completed the ON-LINE Registration, you do not need to complete this page.

Visit [www.riverdaleband.com](http://www.riverdaleband.com) for on-line registration form **Or** print and complete this page.

## STUDENT INFORMATION #1

Student Name: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name – List preferred Name) 2020-2021 Grade: \_\_\_\_\_

\_\_\_\_\_  
(Student Email Address) \_\_\_\_\_ (Student Cell Phone)

New Student?  Yes  No  
(First full year in the Riverdale Band)

Gender	T-Shirt Size (Unisex Adult Sizes shown)	Primary Instrument (check only one)
<input type="checkbox"/> Female	<input type="checkbox"/> Extra Small <input type="checkbox"/> Large <input type="checkbox"/> 3X Large	<input type="checkbox"/> Color Guard <input type="checkbox"/> Clarinet <input type="checkbox"/> Baritone (Trombone) <input type="checkbox"/> Tuba
<input type="checkbox"/> Male	<input type="checkbox"/> Small <input type="checkbox"/> Extra Large	<input type="checkbox"/> Battery <input type="checkbox"/> Flute <input type="checkbox"/> Mellophone (French Horn) Other: _____
	<input type="checkbox"/> Medium <input type="checkbox"/> 2X Large	<input type="checkbox"/> Front Ensemble <input type="checkbox"/> Saxophone <input type="checkbox"/> Trumpet

## STUDENT INFORMATION #2 (IF APPLICABLE)

Student Name: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name – List preferred Name) 2020-2021 Grade: \_\_\_\_\_

\_\_\_\_\_  
(Student Email Address) \_\_\_\_\_ (Student Cell Phone)

New Student?  Yes  No  
(First full year in the Riverdale Band)

Gender	T-Shirt Size (Unisex Adult Sizes shown)	Primary Instrument (check only one)
<input type="checkbox"/> Female	<input type="checkbox"/> Extra Small <input type="checkbox"/> Large <input type="checkbox"/> 3X Large	<input type="checkbox"/> Color Guard <input type="checkbox"/> Clarinet <input type="checkbox"/> Baritone (Trombone) <input type="checkbox"/> Tuba
<input type="checkbox"/> Male	<input type="checkbox"/> Small <input type="checkbox"/> Extra Large	<input type="checkbox"/> Battery <input type="checkbox"/> Flute <input type="checkbox"/> Mellophone (French Horn) Other: _____
	<input type="checkbox"/> Medium <input type="checkbox"/> 2X Large	<input type="checkbox"/> Front Ensemble <input type="checkbox"/> Saxophone <input type="checkbox"/> Trumpet

## PARENT/GUARDIAN INFORMATION

Adult #1 Contact Information	Adult #2 Contact Information
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone Number: _____	Cell Phone Number: _____
Other Phone Number: _____	Other Phone Number: _____
Email Address: _____	Email Address: _____
Financially Responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financially Responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Adult #3 Contact Information	Adult #4 Contact Information
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone Number: _____	Cell Phone Number: _____
Other Phone Number: _____	Other Phone Number: _____
Email Address: _____	Email Address: _____
Financially Responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financially Responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parental/Guardian please check the following statements and sign below

- I have read page 1 of the 2020-2021 Forms Packet and acknowledge the Financial Information and the annual dues of \$600
- I need an alternate Payment Plan – Please contact me
- I acknowledge that the COVID-19 Statement

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



# RIVERDALE HIGH SCHOOL BAND

Print and complete this page for each student in band.

STUDENT NAME: \_\_\_\_\_

## 2020 - 2021 TRAVEL PERMISSION AND PHOTO RELEASE FORM

By signing as the parent / guardian of the below named student, I acknowledge that I have read the following schedule(s) and understand my student is to participate and travel to the following events as noted. **Not all events to apply to all students. Students will be notified in advance of applicable events.** Students will leave and return to Riverdale High School at announced times (specific schedules will be available the week prior of each event and posted at [www.riverdaleband.com](http://www.riverdaleband.com)). Events, times, and locations are subject to change; please check [www.riverdaleband.com](http://www.riverdaleband.com) for up-to-date info.

I also understand that parents are responsible for their student's transportation to selected events below (marked with an asterisk\*). Students may drive to events marked with an asterisk **only on the condition that a parent note stating such is sent to the Riverdale Band directors in advance and includes a copy of the student's proof of insurance** (notes and insurance copies are due with form). Students are responsible for abiding by the rules and policies of Riverdale Band, Riverdale High School, and Rutherford County Schools.

FALL EVENTS - 2020				
Date	Day	Event	Destination	Transportation
Aug 21	Fri	Football Game	Northeast HS, Clarksville, TN	School Bus
Sep 18	Fri	Football Game	Rockvale HS, TN	School Bus / Parental, if local
Sep 25	Fri	Football Game	Blackman HS, TN	School Bus / Parental, if local
Sep 26	Sat	Band Competition	Siegel HS, TN	School Bus
Oct 23	Fri	Football Game	Warren Co. HS, TN	School Bus
Oct 24	Sat	Band Competition	APSU, Clarksville, TN	School Bus
Oct 30	Fri	Football Game	Coffee Co. HS, TN	School Bus
Nov 6	Fri	Football Playoffs	TBD	School Bus / Parental, if local
Nov 13	Fri	Football Playoffs	TBD	School Bus / Parental, if local
Nov 20	Fri	Football Playoffs	TBD	School Bus / Parental, if local
Nov 27	Fri	Football Playoffs	TBD	School Bus / Parental, if local
Dec 4or5	Sat	Football Playoffs	TTU, Cookeville, TN	School Bus
Dec 6	Sun	MTSU/M'boro Downtown	M'boro Christmas Parade	Parental Transportation

SPRING EVENTS - 2021				
Date	Day	Event	Destination	Transportation
Jan 7-9 or 14-16	Thurs-Sat	MTSBOA Mid-State Jazz/Orch.	TBD Cool Springs, TN	Parental Transportation
Jan 14-16 or 21-23	Thurs-Sat	MTSBOA Mid-State Bands	MTSU/Embassy Suites, TN	Parental Transportation
Feb 11-13	Thurs-Sat	MTSU Wind Band Conference	MTSU, TN	Parental Transportation
Feb 25-26	Thurs-Fri	Rutherford Co. Honor Band	World Outreach, M'boro, TN	Parental Transportation
Mar 8-11	TBD	MTSBOA Concert Assessment	MTSU, TN	School Bus
Mar 28-31	Sun-Wed	TMEA All-State Band/Orchestra	Opryland Hotel, Nashville, TN	Parental Transportation
April 22or23	Thurs or Fri	TMEA State Concert Festival	APSU, Clarksville, TN	School / Charter Bus
May 1	Sat	Murfreesboro JazzFest	Downtown Square, M'boro, TN	Parental Transportation
May 16	Sun	Graduation	MTSU Murphy Center, TN	Parental Transportation

\*- Parental transportation required for marked events.

**Reminder – form due by July 24, 2020. For driver proof-of-insurance, copies are due prior to applicable event.**

I also grant the Riverdale High School Band and Riverdale High School Band Booster to use my child's image and name on all print, internet and social media publications associated with the band. Yes No

Parent Name (print please) \_\_\_\_\_ Parent Signature \_\_\_\_\_

Student Name (print please) \_\_\_\_\_ Student Signature \_\_\_\_\_



# RIVERDALE HIGH SCHOOL BAND

Print and complete this page for each student in band. This page must be NOTORIZED

## 2020 - 2021 MEDICAL RELEASE FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_  
(Physical Address, City, State and Zip)

Insurance Info: \_\_\_\_\_  
(Insurance Carrier) (Policy Number) (Group Number)

### IN CASE OF EMERGENCY CONTACTS

#### PRIMARY Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### SECONDARY Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### MEDICAL HISTORY AND MEDICATIONS

#### ALLERGIC HISTORY

Medication Allergy? If YES, please describe. Yes No  
\_\_\_\_\_

Insect Allergy? If YES, please describe. Yes No  
\_\_\_\_\_

Food Allergy? If YES, please describe. Yes No  
\_\_\_\_\_

Other Allergy? If YES, please describe. Yes No  
\_\_\_\_\_

#### CURRENT MEDICATIONS Yes No

If YES, list all medications - Prescribed & Over-the-Counter  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SPECIAL EQUIPMENT Yes No

If YES, list all (e.g. Glasses, wrist brace, etc...)  
\_\_\_\_\_  
\_\_\_\_\_

#### CONDITION OR ILLNESS Yes No

Does the student have a chronic or ongoing condition for which he/she is being treated or undergoing evaluation? If YES, please list.  
\_\_\_\_\_  
\_\_\_\_\_

#### SPECIAL NEEDS Yes No

Are there any physical/emotional needs which the nursing/medical personnel should be aware of? If YES, please list.  
\_\_\_\_\_  
\_\_\_\_\_

#### OVER THE COUNTER MEDICATIONS

1) I give permission for Nursing/Medical/Chaperone personnel to administer over-the-counter medications (e.g. Tylenol, Dramamine, Ibuprofen, Pepto Bismol, cough drops, Benadryl, etc...) when needed Yes No  
INITIALS \_\_\_\_\_

2) Are there any exclusions, restrictions or concerns about over-the-counter medications for your student? If YES, please list. Yes No  
\_\_\_\_\_

### AUTHORIZATION AND NOTARIZATION

In case of need, I grant my permission for my child to be treated by a health care professional in my absence. (For emergency use only. Every effort will be made to contact parents prior to treatment). \_\_\_\_\_  
(Parent/Guardian Signature) (Date)

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared \_\_\_\_\_ with whom I am acquainted and who acknowledged the completion of this instrument. Witness my hand and official seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Commission Expires)

\_\_\_\_\_  
(Notary Public)