



RIVERDALE HIGH SCHOOL BAND

2024-2025 REGISTRATION FORMS PACKET

REGISTRATION FORM (PAGE 2)

TRAVEL & PHOTO RELEASE FORM AND MEDICAL RELEASE FORM (PAGE 3-4) must be printed, signed and notarized.

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, instrument & equipment maintenance, music, halftime drill design, field equipment, and many others.

The annual dues are \$300 for band camp and \$400 for the year, totaling \$700. For the band to meet their band camp and yearly financial obligations, dues are expected to be paid in **full by August 16, 2024**. 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: 5/24 - \$150 - Installment #1
- Due Date: 6/21 - \$150 - Installment #2
- Due Date: 7/19 - \$200 - Installment #3
- Due Date: 8/16 - \$200 - Installment #4

Refund Disclosure:

1. If a student leaves the band program before 8/16/2024, all monies paid in excess of the \$300 will be refunded.
2. No refunds will be issued after 8/16/2024.

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/>
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.

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

ONLINE PAYMENTS, SCAN PAYPAL QR CODE





RIVERDALE HIGH SCHOOL BAND

STUDENT INFORMATION #1

Student Name: _____ (Last Name) _____ (First Name – List preferred Name) 2024-2025 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)			Short 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"/> Small	<input type="checkbox"/> Extra Large	<input type="checkbox"/> Color Guard	<input type="checkbox"/> Clarinet	<input type="checkbox"/> Baritone	<input type="checkbox"/> Trombone
<input type="checkbox"/> Male	<input type="checkbox"/> Small	<input type="checkbox"/> Extra Large		<input type="checkbox"/> Medium	<input type="checkbox"/> 2X Large	<input type="checkbox"/> Percussion	<input type="checkbox"/> Flute	<input type="checkbox"/> French Horn	<input type="checkbox"/> Double Reeds
	<input type="checkbox"/> Medium	<input type="checkbox"/> 2X Large		<input type="checkbox"/> Large	<input type="checkbox"/> 3X Large	<input type="checkbox"/> Tuba	<input type="checkbox"/> Saxophone	<input type="checkbox"/> Trumpet	Other _____

STUDENT INFORMATION #2 (IF APPLICABLE)

Student Name: _____ (Last Name) _____ (First Name – List preferred Name) 2024-2025 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)			Short 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"/> Small	<input type="checkbox"/> Extra Large	<input type="checkbox"/> Color Guard	<input type="checkbox"/> Clarinet	<input type="checkbox"/> Baritone	<input type="checkbox"/> Trombone
<input type="checkbox"/> Male	<input type="checkbox"/> Small	<input type="checkbox"/> Extra Large		<input type="checkbox"/> Medium	<input type="checkbox"/> 2X Large	<input type="checkbox"/> Percussion	<input type="checkbox"/> Flute	<input type="checkbox"/> French Horn	<input type="checkbox"/> Double Reeds
	<input type="checkbox"/> Medium	<input type="checkbox"/> 2X Large		<input type="checkbox"/> Large	<input type="checkbox"/> 3X Large	<input type="checkbox"/> Tuba	<input type="checkbox"/> Saxophone	<input type="checkbox"/> Trumpet	Other _____

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?	Emergency Contact?	Financially Responsible?	Emergency Contact?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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?	Emergency Contact?	Financially Responsible?	Emergency Contact?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Forms Packet and acknowledge the Financial Information and the annual dues of \$700 (\$300 camp, \$400 yr)
- I need an alternate Payment Plan – Please contact me

(Parent/Guardian Signature)

(Date)



RIVERDALE HIGH SCHOOL BAND

Print and complete this page for each student in band.

STUDENT NAME: _____

2024 - 2025 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 the announced times (specific schedules will be available the week prior of an event). Events, times, and locations are subject to change; please check 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 - 2024				
Date	Day	Event	Destination	Transportation
Aug. 23	Fri	Football Game	Smyrna HS, TN	School Bus
Sept. 6	Fri.	Football Game	Beech HS, TN	School Bus
*Sept. 20	Fri	Football Game	Rockvale HS, TN	School Bus / Parental, if local
Sept. 21	Sat	Band Competition	Siegel HS, TN	School Bus
Oct. 4	Fri	Football Game	Cane Ridge HS, TN	School Bus
*Oct. 18	Fri.	Football Game	Blackman HS, TN	School Bus / Parental, if local
Oct. 26	Sat.	Band Competition	MTSU, TN	School Bus
*Oct. 31	Thurs.	Football Game	Oakland HS, TN	School Bus / Parental, if local
*Nov. 8	Fri	Football Playoffs	TBD	School Bus / Parental, if local
*Nov. 15	Fri	Football Playoffs	TBD	School Bus / Parental, if local
*Nov. 22	Fri	Football Playoffs	TBD	School Bus / Parental, if local
*Nov. 29	Sat	Football Playoffs	TBD	School Bus / Parental, if local
Dec. 7	Sat	TSSAA Championship	UTC, Finley Stadium	School Bus
*Dec. 8	Sun	MTSU/M'boro Downtown	M'boro Christmas Parade	Parental Transportation

Spring Events - 2025				
Date	Day	Event	Destination	Transportation
*Jan 9-11 or 16-18	Thurs-Sat	MTSBOA Mid-State Bands	MTSU/Siegel HS/FUMC, TN	Parental Transportation
*Jan.30-13 or Feb.6-7	Thurs-Fri	Rutherford Co. Honor Band	World Outreach, M'boro, TN	Parental Transportation
Feb. 6-8 or 13-15	Thurs-Sat	TTU Festival of Winds & Percussion	TTU, Cookeville, TN	School Bus
Mar. 3-7	TBD	MTSBOA Concert Assessment	MTSU, TN	School Bus
*April 10-13	Thurs.-Sun.	TMEA All-State Band/Orchestra	Opryland Hotel, Nashville, TN	Parental Transportation
*April25-26 or May2-3	Fri. Or Sat.	M'boro JazzFest	The Fountains, Murfreesboro	Parental Transportation
*May TBD	TBD	Graduation	MTSU, Murphy Center	Parental Transportation

*- Parental transportation required for marked events.

Reminder – all forms are due by July 19, 2024. For student drivers, 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 likeness 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

2024 - 2025 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)