

RIVERDALE HIGH SCHOOL BAND



2026 – 2027 Registration Forms Packet

Registration Directions: Complete the following forms

1. Scan QR code below:

Complete the **Student and Guardian information** form online

2. **Financial Responsibility Form**: sign and return

***** Multiple Students? Steps 3 & 4 must be completed for each child*****

3. **Travel Permission and Photo Release Form**: sign and return

4. **Medical Release Form**: complete, notarize, and return

Student and Guardian Information





RIVERDALE HIGH SCHOOL BAND

2026 – 2027 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 21, 2026**. 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: 5/29 - \$150 - Installment #1
- Due Date: 6/26 - \$150 - Installment #2
- Due Date: 7/24 - \$200 - Installment #3
- Due Date: 8/21 - \$200 - Installment #4

Refund Disclosure:

1. If a student leaves the band program before 8/15/2026, all monies paid in excess of the \$300 will be refunded.
2. No refunds will be issued after 8/15/2026.

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/> or by scanning QR codes
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.



Paypal Payments



Online Card 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

Parental/Guardian please check the following statements and sign below

I have read and acknowledge the Financial Information, understanding the annual dues of \$700 (\$300 camp, \$400 yr)

I need an alternate Payment Plan – Please contact me to discuss a plan.

(Parent/Guardian Signature)

(Date)



RIVERDALE HIGH SCHOOL BAND

Print and complete this page for each student in band.

STUDENT NAME: _____

2026 - 2027 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 - 2026

Date	Day	Event	Destination	Transportation
Sept. 4	Fri.	Football Game	Blackman HS, TN	Parental Transportation
Sept. 19	Sat.	Band Competition	Summit HS, TN	School Bus
Sept. 26	Sat.	Band Competition	Siegel HS, TN	School Bus
Oct. 1	Thurs.	Football Game	Smyrna HS, TN	School Bus
Oct. 16	Fri.	Football Game	Siegel HS, TN	Parental Transportation
Oct. 24	Sat.	Band Competition	MTSU	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. 5	Sat.	Football Playoffs	UTC, Finely Stadium	School Bus
Dec. 13	Sun.	M'boro Parade	MTSU/Downtown M'boro	Parental Transportation

Spring Events - 2027

Date	Day	Event	Destination	Transportation
TBD	Thurs-Fri.	RCS Honor Band	World Outreach, M'boro	Parental Transportation
Mar. 8-10	TBD	MTSBOA Concert Assessment	MTSU, TN	School Bus
Apr 30-May 1	Fri-Sat	M'boro JazzFest	The Fountains, Murfreesboro	Parental Transportation
May TBD	TBD	Graduation	MTSU, Murphy Center	Parental Transportation

Reminder – all forms are due by July 20, 2026. 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

2026 – 2027 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

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone Number: _____ 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? Yes No
If YES, please list. _____

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)