



7801 Diamondback Dr., Pocatello ID 83204.
208-478-6863. www.centuryhighbands.com

Marching Band Contract, Grade Verification and Camp Deposit – [Due May 13, 2014]

Name _____ Instrument _____ Phone _____
Address _____ City, Zip _____
Student ID# _____ Cell# _____
E-mail _____ Grade next year _____

As a member of the 2014 Century High School Marching Band, I agree to abide by the following policies and procedures. I further understand that for the betterment of the band, a violation of any one of these policies will result in my being assigned as an alternate or removal from the Century Marching Band program.

- 1> Attendance Policy:
Rehearsal: Members will be allowed a maximum of: 0 unexcused absences. 3 excused absences (prior approval required) 3 Tardies. Tardies will be made up after each rehearsal with the section leader. No absence at rehearsal just prior to competition will be excused.
Performance: Any absence must have prior approval from the director of bands.
Any additional performances or practices not on the calendar will be part of this contract if two weeks notice is given.
- 2> Attitude at all rehearsals, sectionals, competitions, and events with the CHS marching band will align with the 5 pillars of success: Responsibility, Respect, Humility, Positivity, Unity.
- 3> All music/routine must be memorized by the designated deadlines or you may be assigned an alternate position. Music must be passed off to section leaders, designated staff and/or Mr. Brien.
Section leaders are there to help you, so please use their help with the music.
- 4> Members may be asked to perform their Drill Segments and marching technique for their section leaders, staff and/or Mr. Brien. Drill segments will include proper field position, horn position, body motion, music performance, etc.
- 5> Attendance at section rehearsals is required. Any absence must have prior approval.
- 6> Members must maintain a 2.0 grade average to be eligible for competitions. Grades will be checked periodically.
- 7> All fees are non refundable and must be paid in compliance with the payment schedule.
- 8> To assure uniformity of the band, extremes in appearance such as hair color, facial jewelry, hair over the collar, beards, mustaches etc. are not permitted.
- 9> I will not complain to anyone who cannot fix the problem. If the problem cannot be fixed, I will not complain. I will not listen to anyone else complain!

I understand these policies and realize that the success of the CHS Marching Band is dependent on my dedication and commitment to my attitude and the 5 pillars of success. My attitude and ability will combine with other members to create the standard of excellence of the CHS Marching Band. I agree to be removed from the show if these expectations are not fulfilled.

Band Member's Signature _____ Date _____
Parent's Signature _____ Date _____

To insure a drill position, please sign and return with the \$50 non-refundable Camp fee deposit before [May 27, 2014].

Make checks payable to CHS.
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EMERGENCY MEDICAL FORM

STUDENT LAST NAME _____ FIRST NAME _____

INSTRUMENT _____

HOME ADDRESS _____

DATE OF BIRTH _____

PERSON TO CONTACT IN
EMERGENCY _____

HOME PHONE _____ WORK _____

FAMILY PHYSICIAN _____

INSURANCE CO. & POLICY
HOLDER _____

POLICY NO. _____

IF STUDENT IS ON MEDICATION, PLEASE LIST _____

MAJOR SURGERY IN LAST YEAR _____

ACUTE OR CHRONIC MEDICAL CONDITIONS: _____

I GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO PARTICIPATE IN ALL
BAND ACTIVITIES OF THE CENTURY HIGH SCHOOL BAND PROGRAM. May 7,
2014 thru November 30, 2014

I GIVE PERMISSION FOR ANY MEDICAL TREATMENT NECESSARY FOR THE
HEALTH AND WELL-BEING OF MY CHILD.

PARENT OR GUARDIAN _____

Date _____