

Ridge Point



Band Boosters

### 2019-20 Band / Guard Member Registration Packet

Hello, and welcome to Ridge Point High School Band and Guard! **Please sign and return ALL of the forms**, to the lock box in the band hall, located on the wall directly to the left of the Band Director's office door by Monday, May 20, 2019. **Optional—drop to your Middle School Director by 5/20/19 or drop to RPHS Auditorium Entrance, 4:30-7:30pm.**

Student Name: \_\_\_\_\_

Student Address (including city and zip): \_\_\_\_\_

Grade & Marching Instrument: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_ Student Email: \_\_\_\_\_

Middle School: \_\_\_\_\_ Concert Instrument: \_\_\_\_\_

Adult DRI-FIT t-shirt size:            S        M        L        XL        XXL

Adult COTTON t-shirt size:            S        M        L        XL        XXL

Adult SHORTS size:                    S        M        L        XL        XXL

#### Parent / Guardian #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Parent / Guardian #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Other Family Member:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cellphone #: \_\_\_\_\_ Email: \_\_\_\_\_

**FORT BEND I.S.D. MEDICAL INFORMATION CERTIFICATE**



**PLEASE PRINT**

Student's Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F Student ID #: \_\_\_\_\_  
(Circle One)

Address: \_\_\_\_\_  
Street City State Zip Code

Subdivision: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Medical Health Insurance Coverage: YES / NO If YES, What Type: HMO / PPO / OTHER

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group: \_\_\_\_\_

**Emergency Contact – Parent(s)/Guardian(s):** \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

E-mail: Father \_\_\_\_\_ Mother \_\_\_\_\_

**Medical History:**

|  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Allergies                                | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergy to medication                    | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma                                   | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease and/or injury                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleeding tendencies                      | <input type="checkbox"/> | <input type="checkbox"/> | Neck injury                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Bone and/or joint injury or disease      | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact Lenses/Glasses                   | <input type="checkbox"/> | <input type="checkbox"/> | Seizures, concussion, loss of consciousness    | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes                                 | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Anemia                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye, Kidney, Lung removed/nonfunctioning | <input type="checkbox"/> | <input type="checkbox"/> | Skin Disease                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Disease                            | <input type="checkbox"/> | <input type="checkbox"/> | Surgical operation                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia                                   | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is student taking medication regularly?  | <input type="checkbox"/> | <input type="checkbox"/> | Is student currently under a physician's care? | <input type="checkbox"/> | <input type="checkbox"/> |

Date of last tetanus shot? \_\_\_\_\_

Explain any "yes" answers, please explain: \_\_\_\_\_

Please list all medications and any illnesses not listed above requiring medication being taken at the present time. \_\_\_\_\_

**I hereby consent for medical care to be given to \_\_\_\_\_ in case of an emergency.**

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**Please return this form to your child's teacher of record. This form must accompany the student on all school trips.**

**FORT BEND INDEPENDENT SCHOOL DISTRICT**  
**Parent-Physician Permit to Carry Asthma and Anaphylaxis Emergency Medication**

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Teacher (for elementary use) \_\_\_\_\_ Allergies \_\_\_\_\_

Medication \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_

Frequency \_\_\_\_\_ as needed or scheduled time: \_\_\_\_\_

Start date to be given: \_\_\_\_\_ End date to be given: \_\_\_\_\_ (Valid for current school year only)

Number of pills or tablets \_\_\_\_\_ Expiration date of medication \_\_\_\_\_

Reason student is receiving medication: \_\_\_\_\_

Possible reactions or restrictions: \_\_\_\_\_

My student is capable of self-administration of the above medicine. I authorize my student to self-administer this emergency medication according to doctor's orders while on school property or at a school-related event or activity. I understand that my student is responsible for the proper handling and carrying of this medication and that it must be kept out of the reach of other students at all times. The medication must have a current prescription label indicating that it has been prescribed for my student.

The school nurse has my permission to consult Dr. \_\_\_\_\_ with questions regarding this medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Daytime phone # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

This student has demonstrated the knowledge and skill level necessary to self-administer this medication and in my professional opinion, this student should be allowed to carry this emergency medication/inhaler as well as to self-administer and manage his/her emergency treatment while at school or school related events.

\_\_\_\_\_  
Physician's Name (Print) Telephone # Fax #

\_\_\_\_\_  
Physician's signature Date

## 2019-20 RPBB Student Medications Form

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

On game nights and contest days, the Band and Guard Chaperones will have a first aid kit supplied with over the counter medicines for headaches, pain, or fever, as well as other symptoms. Please sign the consent form below if you wish these over the counter medicine to be available to your child.

**Parental Permit to Administer Medication** (please print):

I (parent/guardian) \_\_\_\_\_, consent to my child (student's name) \_\_\_\_\_ receiving the following over the counter medications, if necessary, for pain, fever or other symptoms **(please check for consent):**

Advil \_\_\_\_ Tylenol \_\_\_\_ Sudafed \_\_\_\_ Benadryl \_\_\_\_ Tums \_\_\_\_

Cough Syrup \_\_\_\_ Cough Drops \_\_\_\_ Pepto Bismol \_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Post Band and Color Guard Photos 2019-20 Band and Color Guard Season

As your student participates in the RPHS Band and Color Guard program during the school year, pictures and/or videos may be taken so that they can be posted to our website and/or to other forms of authorized media being utilized by the RPHS Band and Guard.

By signing below, you AUTHORIZE permission to post pictures, videos, name, and grade of your student to the Ridge Point Band website (and/or other authorized media, such as Facebook or Twitter) in connection with his/her participation in RPHS Band and Color Guard. \*

| Band/Guard Member's Name (please print) | Parent/Guardian Signature* | Date |
|---|----------------------------|------|
|   |                            |      |

\*Signature indicates an understanding that the website/media has a large audience and a student's photo will be available to the general public. RPHS Band Booster Club assumes no liability or responsibility whatsoever concerning any consequences of such use. Person signing attests the right to give this permission. If parent/guardian gives written notice to the president or webmaster of the Ridge Point Band that they object to any particular picture on the website, it will be removed as soon as possible.

[www.rpband.org](http://www.rpband.org)

Student Name \_\_\_\_\_

**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: [www.uil.utexas.edu](http://www.uil.utexas.edu)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept on file by the local school district.





## 2019-20 RPBB Travel Consent Form

As a member of the Ridge Point High School Band and Guard:

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

### Permission to Travel

The above-named student has my consent to travel to and / or from **all activities beginning August 1 of the above school year and ending by July 31 of the same school year**, including all errands and activities related to these events. The mode of transportation may be by airplane, FBISD or commercial bus, FBISD Van driven by district employee, or private vehicles.

I understand that the student will be chaperoned / supervised while in route to or while participating in activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in Ridge Point Band and Guard activities. I understand that any student who does not conduct himself/herself properly may be (1) sent home at the parent's expense, (2) prohibited from participating in future activities of this organization, and (3) subjected to other appropriate disciplinary measures.

I agree to, and hereby release Fort Bend Independent School District and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency and with the approval of the sponsor or another FBISD employee, I give my approval and authorization for the first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information will be on file with the faculty sponsor in case of an emergency. Please make sure the information on the FBISD Medical Information Certificate is current and on file with the Ridge Point High School Band and Guard.

Compliance with the above-described restrictions will be the responsibility of the Student and not FBISD or any of its agents, trustees, volunteers, or employees. The student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

My son / daughter will conduct themselves in such a manner that good credit will be reflected upon the school.

Itineraries will be available for every event and students will need to be picked up promptly following the estimated return time.

Both my child and I understand that all Fort Bend ISD policies are in place during any band event regardless of its location or time.

I have read and agree to the above listed travel sections:

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## 2019-20 RPBB Marching Band Fees

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

A non-refundable deposit of \$150 is due by **May 20, 2019**. The balance is due *in full* by **July 23, 2019**. Post-dated checks must be turned in or an installment plan must be set up on Pay Pal by **May 20, 2019**. You may also pay online at [www.rpband.org/shop/](http://www.rpband.org/shop/) by choosing "fees". *All forms still must be turned in. Make checks payable to RPBB.*

All students, whether they are freshmen/new members or returning members, must pay the fees below. Jazz Band and Percussion fees are only required if the student is enrolled in RPHS jazz band and/or percussion. *Questions regarding this form may be sent to [treasurers@rpband.org](mailto:treasurers@rpband.org).*

- **All fees listed are required for NEW members, other than the OPTIONAL items.**
- **Breathing Tube, Jug, Shoes, Smart Music Microphone, and Snark Tuner are REQUIRED of returning members if they do not have these items or if they need to replace these items.**

| Fees   | Amount | Amount Paid |
|--|--------|-------------|
| <b>Band Member Fair Share</b> (includes Foundations book or Drumline Shirt, Juguzzi, Meals, Rain Coat, RP Solo/Ensemble Fee, Show and Sponsor Shirts, UIL Region fees, Dot Book, & BOA Waco Contest) | \$350  | \$350       |
| Berp— <b>Brass Only</b> (required for BRASS)   | \$22   |             |
| Breathing Tube ( <i>required of all except percussion</i> )  | \$2    |             |
| <b>Gloves</b> ( <i>required for all except percussion</i> )  | \$10   |             |
| Jug ( <i>all members must have a purple jug</i> )  | \$6    |             |
| Shoes  | \$40   |             |
| Smart Music ( <i>required for all except percussion</i> )  | \$12   |             |
| Smart Music Microphone ( <i>required for all except percussion</i> )   | \$30   |             |
| Snark Tuner ( <i>required for all except percussion</i> )  | \$17   |             |
| Percussion Fee   | \$80   |             |
| Jazz Fee (jazz class only)   | \$70   |             |
| <b>Optional:</b> Vegetarian meals due to allergies or religious reasons  | \$25   |             |
| <b>Optional:</b> Extra Show Shirt  | \$10   |             |
| <b>Optional:</b> Extra Sponsor Shirt   | \$10   |             |
| <b>Optional:</b> Extra Show Shorts   | \$15   |             |
| <b>TOTAL DUE:</b>  |        |             |

If you would like to be considered for a scholarship to help cover these fees, please contact [scholarships@rpband.org](mailto:scholarships@rpband.org) by **June 3, 2019**. *The email is only received by the four members of the scholarship committee and all requests are treated confidentiality.*

**May 20, 2019:** This form due with non-refundable deposit \$150; post-dated checks accepted for remaining deadlines.

**June 20, 2019:** Online or mail payment of \$200 (band hall is closed); Scholarship request for help due.

**July 23, 2019:** First day of summer band, ***all remaining balance due.***

***I understand that I am financially responsible for these fees*** and will have them paid according to the published due date unless otherwise arranged with the Director of Bands and the RPBB Treasurer. ***I understand that there will be no partial refund after 8/1/19 (all ordered items cannot be refunded). Cancellations must be in writing to [rpband.org](http://rpband.org) by 7/31/19.***

**Person responsible for Payment:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## 2019-20 RPBB Color Guard Fees

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

A non-refundable deposit of \$200 is due by **May 20, 2019**. The balance is due *in full* by **July 23, 2019**. Post-dated checks must be turned in or an installment plan must be set up on Pay Pal by **May 20, 2019**. You may also pay online at [www.rpband.org/shop/](http://www.rpband.org/shop/) by choosing "fees". *All forms still must be turned in.* **Make checks payable to RPBB.**

All students, whether they are freshmen/new members or returning members, must pay the fees below.

- **All fees listed are required for NEW members, other than the OPTIONAL items.**
- **Bag, Jacket, Rifle, Jug, Shoes and Shorts are REQUIRED of returning members if they do not have these items or if they need to REPLACE these items.**

**Please note** that we cannot order the costume without having received payment or payment arrangements having been made. Without a costume, your child will not be allowed to participate at football games and marching contests. **The costume is yours to keep at the end of the season.**

| Fees  | Amount | Amount Paid |
|---|--------|-------------|
| <b>Guard Member Fair Share</b> (includes Guard Shirt, Juguzzi, Meals, Rain Coat, Show & Sponsor Shirts, Dot Book, & BOA Waco Contest) | \$325  | \$325       |
| Costume— <b>required</b> for ALL members  | \$160  | \$160       |
| Bag   | \$35   |             |
| Jacket  | \$75   |             |
| Rifle   | \$40   |             |
| Jug   | \$6    |             |
| Shoes   | \$25   |             |
| Shorts  | \$10   |             |
| <b>Optional:</b> Vegetarian meals due to allergies or religious reasons   | \$25   |             |
| <b>Optional:</b> Extra Show Shirt   | \$10   |             |
| <b>Optional:</b> Extra Sponsor Shirt  | \$10   |             |
| <b>Optional:</b> Extra Guard Shirt  | \$15   |             |
| <b>TOTAL DUE:</b>   |        |             |

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**July 23, 2019:** First day of summer band, **all remaining balance due.**

**I understand that I am financially responsible for these fees** and will have them paid according to the published due date unless otherwise arranged with the Director of Bands and the RPBB Treasurer. **I understand that there will be no partial refund after 8/1/19 (all ordered items cannot be refunded).** Cancellations must be in writing to [rpband.org](http://rpband.org) by 7/31/19.

**Person responsible for Payment:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_