

NANSEMOND RIVER HIGH SCHOOL

Spring Band Camp Registration
Instrument Players
April 17, 2012

Information Form

PLEASE PRINT

Student's Name _____ Current Grade _____

Current School _____ Instrument(s): _____

Student Address _____ City/Zip: **Suffolk 2343** _____

Parent(s)/Guardian(s) Name: _____

Home Phone () _____ Cell() _____

Parent(s) E-mail: _____

Check here if parent and student address is the same__:

If not, then continue

Parent Address: _____

City/State/**Zip**: _____

Telephone No. _____

Does the student live in the zoned area to attend Nansemond River in Sept 2012?

Yes__ No__

Spring Band camp will be held at Nansemond River High School starting on April 17, 2012. The camp lasts for 9 days April 17- April 27. After school activity busses will be available for student transportation.

NANSEMOND RIVER HIGH SCHOOL MARCHING WARRIORS
SPRING 2012 BAND FEES

SPRING BAND DUES

40.00

****new band members only****

This includes your t-shirt.

The deadline for paying dues is April 27.

All uniform items must be purchased from school

Spring Band Uniform:

Dancer –band t-shirt, black shorts, dancer sneaker (hair must be worn in a uniformed pony-tail hair style)

Flag / banner – band t-shirt, black shorts, white sneakers, sure grip gloves. (Hair must be worn in a uniformed pony-tailed hair style)

Majorettes – band t-shirt, black shorts, white sneakers, (hair must be worn in a uniformed pony tail, hair style)

Band – band t-shirt, windsuit pants, black band shoes, spats, baseball cap, flash gloves

ITEM	COST	SIZE
Flash gloves	5.00	
Sure grip gloves	6.00	
Spats	6.00	
T-shirt	15.00	
Band shoes	35.00	
(Flag)Traditional Boots	48.00	
(Majorette) Nancy Boots	48.00	

Cash or money orders only. No checks will be accepted.

Nansemond River High School Band
Expectations / Consequences / Parental Permission
Warrior Spring Band Camp 2012

*Students are expected to be free of drugs and alcohol. Possession and/or use of drugs, alcohol or cigarettes will be grounds for immediate dismissal from the camp and a disciplinary referral will follow.

*Profanity is not acceptable language and will not be tolerated.

*Students are expected to be prompt for rehearsals and performances. *Excessive tardiness will be dealt with on an individual basis.

*A written excuse is to be submitted following any absence.

*Chewing gum, candy, food, or open drinks are not allowed in the band room or practice rooms.

*Writing on the chalkboard, music stands, chairs, or bulletin boards is prohibited.

*Attendance of the full rehearsal preceding a performance is mandatory in order to perform.

*All students are expected to attend all performances in uniform

*Jewelry should be left at home on all performances.

* Students are expected to observe all Suffolk Public Schools codes of conduct while in the building, on the grounds or on the school bus.

Parents:

Please sign and date below indicating that you have received a copy of the band expectations and consequences. Please return this proportion to school as soon as possible. This also serves as a permission slip for your child to participate in Spring Band.

Student's Signature

Date

Parent's Signature

Nansemond River High School Bands

3301 Nansemond Pkwy Suffolk, VA 23434 #: (757) 923-4101 Fax 538-5430
email: edwoodis@spsk12.net

EMERGENCY CONSENT FORM

Emergency Authorization: In the event that I **can not** be reached, I hereby give permission to the physicians selected by the Director of Bands, Edward J. Woodis, to hospitalize, secure proper treatment for and/or anesthesia and /or surgery for the person named below for the 2011-2012 school term.

Student: _____

Signature of Parent or Guardian: _____

Date: _____

In case of emergency call: **Home Phone:** _____

Work Phone: _____

Cell Phone: _____

(Relative or Neighbor) Name: _____

Phone: _____

Please list any allergies to medication, etc.

Is the student presently taking any prescription or non prescription medication? _____

If yes, what type(s)? _____

Please list the date of the last tetanus shot(if known) _____

In the event that we need to hospitalize your student, I am asking that you provide us with a medical insurance provider and your policy number. _____