

Welcome!



We are happy to have you as a member of the "best band in the land"...
THE Kings High School Marching Band!

It has always been a Kings tradition to build upon the success of the past to ensure greater success for the future. With your help, that tradition will continue. We are thrilled to have your family join our "band family". Many new friends, fun times, proud moments and lifelong memories are ahead for you as part of this terrific group of kids, staff, and parents.

Mr. Mills, Mr. Maegly, and Mrs. Maegly have been busy planning for this coming year's program; and KMA has also been hard at work to make sure everything is in place. To help you (and us!) get ready for the coming year, this information has been assembled for your convenience. It is our hope that you will find everything you need to get started:

Band Member Information: specifics about the band student and where/how to contact you with updates and important information (also used for new "yellow" section of Red Book to be distributed at band camp.)

Emergency Medical Form: must be completed each year to be kept on file

Travel: Refer to KMA Band Calendar (schedule is subject to change)

Band Fees and Related Policies: fee payment schedule and other financial matters

To ensure that all the necessary paperwork gets to the appropriate persons, **please complete and return all forms before the 1st day of mini camp in June along with the \$150 (\$50 non refundable) deposit and payment coupon.** Checks should be made payable to KMA with your son's/daughter's name clearly printed in the "memo" line. If you have any questions, please DO NOT HESITATE to contact any staff members or KMA Board members listed below:

Greg Mills (398-8050, ext. 11042)
KHS Band Director
gmills@kingslocal.net

Mike Maegly (398-8050, ext. 13030)
Percussion Director
mmaegly@kingslocal.net

President: Steve Wilson (583-5730)
steve@megapix.org

Jen Maegly (398-8050, ext. 16045)
Guard Director
jmaegly@kingslocal.net

Treasurers: Dan & Cindy Ward (583-9071)
PolysolveLtd@gmail.com/cindywardconsulting@gmail.com

Fundraising: Pat Cope 683-9642
pcope@cinci.rr.com

Communications:
Sherri Holzman (683-6347)
sherri.holzman@gmail.com

Secretary: Patti Vetter (459-9644)
vetter_p18@yahoo.com

Travel: Ann Wilson (583-5730)
annwgb@juno.com

Volunteers: Ann Overturf (398-2716)
illiniturf@cinci.rr.com

Set Construction/Parent Pit Crew: Tom Lehn (774-9394)
tlehnd@fuse.net

KMA website: www.kingsmusicassociation.org
Mailing Address: KMA, P.O. Box 10, Kings Mills, OH 45034

BAND MEMBER INFORMATION

The following information will be listed in the official band handbook (known as the "Red Book"). It is important that we have complete and accurate information for the Red Book, as well as for newsletters. **ALL BAND MEMBERS should complete and return this form even if there are no changes from last year.** Itineraries for competitions and other vital information is sent via e-mail; however, copies are available in the band room if you do not have e-mail. Please include all e-mail addresses where you want this information to be sent and remember to check your e-mail regularly as situations/events require immediate notification. Information may be sent to both parents, plus it may be sent to the home and work address.

If you have any questions concerning the Red Book contact Patti Vetter at 459-9644 or email at vetter_p18@yahoo.com.

_____ **CHECK HERE IF ANY INFORMATION HAS CHANGED**

BAND STUDENT INFORMATION

PLEASE PRINT CLEARLY

Name _____ Student E-mail Address _____

Home Phone _____ Student Cell Phone _____ Birthday _____ Class of 20____

SUBDIVISION: _____

Address (actual address where student resides) _____

City _____ Zip _____

Marching Season: Instrument _____ Color Guard

PARENT INFORMATION (place check mark on line to indicate Primary Contact)

Please include all e-mail addresses where you want KMA information to be sent

_____ Father's Name _____ Home Phone _____ Cell _____

Address _____ E-mail _____

City _____ Zip _____ E-mail _____

_____ Mother's Name _____ Home Phone _____ Cell _____

Address _____ E-mail _____

City _____ Zip _____ E-mail _____

ARE YOU INTERESTED IN CAR POOLING? YES _____ NO _____

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KINGS LOCAL SCHOOL DISTRICT EMERGENCY MEDICAL PERMIT FOR MUSIC-RELATED ACTIVITIES

IMPORTANT: *Students cannot be admitted to Kings Local School District endorsed music-related events and activities until the following form is completed and returned.*

PLEASE PRINT OR TYPE

Student's Name Home Telephone Date of Birth

Address City, State Zip code

Parent/Guardian Name Work Number Pager/Cell Phone

Parent/Guardian Name Work Number Pager/Cell Phone

Contact Person (other than parent) Telephone Relationship

Contact Person (other than parent) Telephone Relationship

Physician's Name & Address Physician's Telephone

Primary Medical Insurance Company Policy/Group Number Policy Holder

Dentist's Name & Address Dentist's Telephone

Primary Dental Insurance Company Policy/Group Number Policy Holder

Known allergies, allergic reactions, allergic reactions to medications or food: _____

Major surgery within the past year and physician: _____

Acute or chronic medical conditions: _____

Special dietary needs: _____

Physical conditions that limit band activities: _____

Any student taking prescription medication is required to also complete the Medication/Procedure Request Form. All medication must be in its original container and should be given to the person designated by the staff.

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PARENTAL CONSENT/RESPONSIBILITY

(MUST COMPLETE)

I hereby give permission for _____ (Student) to participate in the Kings Local School District endorsed music-related program and activities (Activity). I understand that the school, its agents, faculty and employees, and the Kings Music Association, its officers, members, volunteers, and employees shall not be nor later become liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while Student participates in Activity.

Date _____ Signature of Parent/Guardian _____

GRANT TO CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the Student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are documented on the Kings Local School District Emergency Medical Permit for Music-Related Activities Form on the opposite side of this document.

Date _____ Signature of Parent/Guardian _____

NON PRESCRIPTION MEDICATIONS - These are "over the counter" products that are generally used by the band nurse or school staff.

Ailment

Headache, General Pain -
Nasal Congestion -
Cuts -
Coughs -
Upset Stomach -
Skin Rash -

Allergic Reaction -
Sore Muscles -
Irritated Eyes -
Sprains/Strains -
Bee Stings -
Biting Bugs -
Sun Exposure -

Treatment or Related Medications

Acetaminophen (Tylenol), Ibuprofen (Motrin), Aleve
Sudafed, Benadryl, Sinutab
Antibiotic Ointment
Cough Syrup, Cough Drops
Mylanta, Maalox, Pepto-Bismol, Imodium AD, Tums
Calamine lotion, Benadryl, Baby Powder, Desitin,
Hydrocortisone Cream, Gold Bond
Benadryl
Myoflex Cream
Visine, Saline
Ice, Ace Wrap
Benadryl, Benadryl Cream
Bug Repellant
Sunscreen

If there are any specific medications that you do not want to be used, or for which your child is allergic, please list below:

I hereby give permission for the band nurse or school personnel or any member of its faculty or appointed personnel to use the above treatments on my son/daughter _____ (child's name)

Date _____ Signature of Parent/Guardian _____

REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take the following action: _____

Date _____ Signature of Parent/Guardian _____

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MEDICATION/PROCEDURE REQUEST FORM FOR MUSIC-RELATED ACTIVITIES
KINGS LOCAL SCHOOL DISTRICT -- KINGS MILLS, OHIO 45034

PHYSICIAN'S REQUEST

I do request that (*child's full name*) _____ as a participant of the
Kings High School music program have administered to him/her (*specific medication/procedure*):

_____ in the amount of (*dosage*) _____ at (*times required*) _____
from (*beginning date*) _____ to (*ending date*) _____

This medication may present the following side effects, reactions, and/or symptoms which would require physician notification or which the administering personnel may not expect. They are: _____

Special instructions regarding storage and/or sterile requirements are: _____

Any known allergies: _____

Physician's Signature _____ Phone (_____) _____

Physician's Name Printed _____

Address _____ Date _____

PARENT/GUARDIAN PERMISSION

I (*parent/guardian's name*) _____, as parent/guardian of
(*student's full name*) _____, do hereby authorize

the school personnel listed below to administer the medication or procedure as instructed by the physician. I agree to deliver the medication to responsible school personnel, if required. I also agree to immediately give notification to the music director if there is any change of physicians or if the medication, the dosage, or the procedure is changed. Personnel are exempt from all liability as long as all the procedures are correctly followed.

Parent/Guardian Signature _____

Address _____ Home Phone (_____) _____

_____ Work Phone (_____) _____

Witness _____ Date _____

AUTHORIZED SCHOOL PERSONNEL

The undersigned personnel do hereby agree to administer the above medication or the procedure as outlined by the physician.

Music Director _____ Date _____

Music Staff _____ Date _____

Nurse _____ Date _____

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**Kings Local School District
Photo/Work Release for
Print & Visual Media and Web Site**

To protect confidentiality of students, Kings Local School District’s policy is to identify students’ work and photograph by **first name & last name** only with parental permission.

Print Student’s Full Name

Grade

School Year (s)

I am the parent/guardian of the above student and I fully intend this Release to be binding on myself, my spouse, my family, including, but not limited to, the student who is the subject of this Release. In signing this Release, I acknowledge and represent that I have read this Release, that I understand the significance of this Release, and I am signing this Release voluntarily, as my own free act and deed. I further acknowledge and represent that no oral representations, statements, or inducements, apart from the foregoing written Release, have been made.

Please check the box that is applicable.

_____ **I GIVE** Kings Local School District authorization to publish my child’s work and/or photograph on the Kings Local School District web page and/or school and/or local papers and/or district print publications. I also give permission for my child’s work and/or image to be on videotape for school productions and/or local news media.

_____ **I DO NOT GIVE** Kings Local School District authorization to publish my child’s work and/or photograph on the Kings Local School District web page and/or school and/or local papers and/or district print publications. I do not give permission for my child’s work and/or image to be on videotape for school productions and/or local news media.

Print Parent’s Name

Date

Parent Signature

Street Address

Zip

This form will be kept on file while this child is enrolled in the music program. A new form will need to be completed if a change in status of release is deemed necessary.

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**Marching Band Fees
Fees Schedule 2010/2011**

Registration begins in April. The Registration Fee is due with the Registration Packet. In order to cover the cost of Mini Camp, \$50.00 of the registration fee is **Non-Refundable**. All marching band members **MUST** complete a Registration Packet and pay the registration fee prior to attending Mini-Camp. Due to the incurrence of costs, including, but not inclusive of drill and arrangement fees, instruction, uniform costs, etc., fees are **NON-REFUNDABLE** once mini-camp has concluded. If your child decides Marching Band is not in their future, notice that your child is withdrawing from Marching Band must be submitted to the band director with a request for a refund. \$50.00 of the fee is **Non-Refundable** no matter what. No credit/refund will be given for missing any part of Marching Band, i.e., camp or an overnight.

Fee Schedule is as follows and **ALL** fees **MUST** be paid prior to getting on the bus for band camp.

Registration Fee:	\$150.00 (\$50.00 is non-refundable)
May 15	\$150.00 1 st Payment Due
June 15	\$150.00 2 nd Payment Due
July 15	\$150.00 Final Payment Due (must be paid prior to departure for band camp)

Total Marching Band Fee: \$600.00

Please make payments to KMA.

Payments can be sent to: KMA, P. O. Box 10, Kings Mills, OH 45034
or -- Placed in the Black Box (mailbox) in the High School Band room next to Mr. Mill's office
or -- Online payments are available – visit kingsmusicassociation.org.

KMA understands that there may be circumstances that make it a hardship to pay the band fee according to the time schedule indicated. If you have a special need situation please contact the band director, KMA Treasurers Dan and Cindy Ward, or KMA President Steve Wilson to make other arrangements for payment. **Absolutely no student will be allowed to attend band camp unless the band fee is paid in full** or special arrangements have been made with KMA. Your child will not be allowed to sign up for any other extracurricular KMA group until all fees are current in accordance with Article VI, Section 3 of KMA guidelines.

Travel and Meal Expenses

Local Competitions

Money may be needed for lunch/dinner and snacks. This information will be included in the itinerary. KMA will try and provide as many meals as possible but to keep fees in check we occasionally have the kids buy their own snacks or meals.

Overnight Competitions

Lodging (usually including continental breakfast) and transportation for overnight competitions is included in the band fee; however, some meals and any snacks/souvenirs are the responsibility of the student. A full itinerary will be announced, as soon as plans are finalized, with any additional costs noted.

Other Costs

Throughout the year there may be additional costs associated with band. We do our best to inform you up front and in advance, but from time to time situations arise that we are unable to foresee.

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2010 Marching Band Budget based on 65 band members	Student Fee	KMA Funded	Total Cost
Instructional Staff	190	150	340
Music, Drill	100	70	170
Band Camp	200	40	240
Uniforms & Props		80	80
Competitions & Travel Expenses	110	130	240
Scholarships, Awards & KMA Costs		130	130
TOTAL	\$600	\$600	\$1200

The 2010 fee of \$600 is unchanged from the 2009 season (\$575) given that the Cedar Point ticket (\$30) was collected separately.

The Marching band will meet during band class in 2010. This will greatly reduce the number of practices needed and Tuesdays and Thursdays will no longer be a scheduled practice day, except on Scott Hickey Week.

Included in fees are:

- Camp Kern for 1 week of sleepover camp (value is \$565)
- Hundreds of hours small group musical instruction (value \$20 per ½ musical instruction)
- Most meals for rehearsal camp days and travel are provided (\$\$? Kids eat a lot!)
- A two night trip is included with a ticket to Cedar Point (2 nights with friends . . .priceless)
- All travel to events, competition fees, uniforms, equipment and props

Marching Band Benefits:

- Eases the transition from Jr. High to High School since students work together across classes (Freshman, Sophomore, etc)
- Enhances physical fitness from marching and exercise
- Fosters a sense of community membership
- Builds understanding of working in small and large multi-functional teams
- Develops leadership skills
- Improves time management skills

Interesting facts:

- All Kings National Merit Scholars except 1 were band members.
- Research shows that active membership in music programs promotes learning, long term success and community involvement.
- The College Entrance Examination Board found that students with music appreciation scored 63 points higher on verbal and 44 points higher in math than students with no arts participation. (2001)
- Music enhances the process of learning. The systems that nourish, which include our integrated sensory, attention, cognitive, emotional and motor capacities are shown to be the driving forces behind all other learning. (Konrad, 2000)
- Students who participated in music lessons show statistically higher intelligence quotients. (Schellenberg, 2004)
- Students who participate in school band or orchestra have the lowest levels of current and lifelong use of alcohol, tobacco and illicit drugs among any group in our society. (US House of Representatives, 2000)

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Kings High School Marching Band Statement of Financial Responsibility

I have received and will review the attached Fees and Refund Schedule. It explains payment schedule, possible additional expenses, refund policy and consequences for student participation if financial responsibility is not met. I have been informed that the band fee for the 2010/2011 school year is \$600.00 which includes travel expenses (but not all incidentals). I understand this is to be paid according to the payment schedule below and listed on the Fees and Refund Schedule unless an alternative arrangement has been agreed upon with the Kings Music Association (KMA) President and to be acted upon by the KMA Treasurer. All financial information will be maintained by the Treasurer and kept confidential.

I understand that if my Marching Band fees are not paid in full by the final payment date of July 15, 2010, my child may not attend band camp until fees are paid in full. In addition, I understand that in the event my Marching Band fees are not paid in full my child cannot participate in any additional KMA supported activity until such time as Marching Band fees are paid in full.

By signing below, I assume financial responsibility for my child to participate in Kings High School Marching Band.

Student's Name

Financially Responsible Party's Signature

Date Signed

Printed Financially Responsible Party

Home Address

Parent's email address for reminders/statements

City, State, Zip Code

Home Phone

2010 Fee Schedule:

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May 15	\$150.00 1 st Payment Due
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Total Marching Band Fee: \$600.00

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July 15	\$150.00 Final Payment Due (must be paid prior to departure to band camp)

Total Marching Band Fee: \$600.00

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Marching Band Fee
Payment Coupon: 1st Payment **May 15, 2010**

Student Name: _____

Check Number: _____ Cash: _____

Make checks to KMA. Use black box in high school band room or mail to: KMA, P.O. Box 10, Kings Mills, OH 45034

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Marching Band Fee
Payment Coupon: 2nd Payment **June 15, 2010**

Student Name: _____

Check Number: _____ Cash: _____

Make checks to KMA. Use black box in high school band room or mail to: KMA, P.O. Box 10, Kings Mills, OH 45034

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Marching Band Fee
Payment Coupon: Final Payment **July 15, 2010**

Student Name: _____

Check Number: _____ Cash: _____

Make checks to KMA. Use black box in high school band room or mail to: KMA, P.O. Box 10, Kings Mills, OH 45034

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