

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

Marching Band Volunteer Commitment Pledge: how your family plans to help with the instrumental music program; includes a list of job/activity descriptions

Travel: overnight competition locations and dates

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 \$75 (\$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.k12.oh.us

Presidents: Jeroen & Melody Winterink (697-9146)
winterink@zoomtown.com / jwinterink@croworld.com

Treasurers: Dan & Cindy Ward (583-9071)
Polysolve@adelphia.net / Cward@sendoryguidance.com

Communications:
TBD

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

Set Construction/Parent Pit Crew: Tom Lehn (774-9394)
[tlehn@fuse.net](mailto:tleh@fuse.net)

Mike Maegly (398-8050, ext. 13030)
Percussion Director
mmaegly@kingslocal.k12.oh.us

Jen Maegly (398-8050, ext. 16045)
Guard Director
jmaegly@kingslocal.k12.oh.us

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

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

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

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 _____

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

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.

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 _____

Also, if requested by my child, I hereby give permission to School, or any member of its faculty or appointed personnel to administer (check preferences)

- ACETAMINAPHEN (TYLENOL) and/or
- ASPIRIN and/or
- IBUPROFEN (MOTRIN) as needed during Activity.

Known reactions: _____

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 _____

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 _____



Non-Prescription Medication

Ailment	Treatment or Related Medications
Headache, General Pain	Acetaminophen (Tylenol), Ibuprofen (Motrin), Aleve
Nasal Congestion	Sudafed, Benadryl, Sinutab
Cuts	Antibiotic Ointment
Coughs	Cough Syrup, Cough Drops
Upset Stomach	Mylanta, Maalox, Pepto-Bismol, Imodium AD, Tums
Skin Rash	Calamine lotion, Benadryl, Baby Powder, Desitin, Hydrocortisone Cream, Gold Bond
Allergic Reaction	Benadryl
Sore Muscles	Myoflex Cream
Sore Throat	Throat Lozenges
Irritated Eyes	Visine, Saline
Sprains/Strains	Ice, Ace Wrap
Bee Stings	Benadryl, Benadryl Cream
Biting Bugs	Bug Repellant
Sun Exposure	Sunscreen

These are “over the counter” products that are generally used by the band nurse or school staff.

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 to use the above treatments on my son/daughter
 _____ (child’s name)

_____ Date

_____ Signature of Parent or Guardian



**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.

MARCHING BAND VOLUNTEER COMMITTEE OPTIONS

Please review the accompanying descriptions of Band events, committees and fundraising activities to assist you in completing your Marching Band Commitment Pledge Form. If you have specific questions which are not addressed, please feel free to contact the Volunteer Management Coordinator or KMA Presidents.

All students will be expected to work at Tag Day and participate in all KMA fundraising activities throughout the year.

All parents* of students in Marching Band are required to serve on **THREE** of the band support committees. In addition all families will be expected to work at the Kings Invitational Band Contest AND the MSBA Championship. A comprehensive list of all assignments will be published in the newsletter. ***Note:** a parent or other responsible adult on behalf of the parent and not students must fill these commitments.

Chaperones: (Committee consists of parents for three key areas to chaperone students)

Band Camp Chaperone – Parents are needed throughout the week of Band Camp from around 11 p.m. until around 5:30 a.m. to ensure the safety of our students. Four parent chaperones are required per night with at least two male and two female, however more would be welcome.

Bus & Competition Chaperone – Parents are needed to ride buses to games, competitions – local and away, with the students and be available, if needed, once we arrive at the competition site. During the actual competition, you may watch from the stands. (Marching season, possibly OMEA Contest for Concert season.)

Hotel Chaperone – On overnight competitions there is a need for parents to walk the hotel halls after staff does room checks, until everyone is settled down for the night and all is quiet. You need not be a Bus & Competition Chaperone, but you will need to be staying at the same hotel as the band (Marching Season.)

Event Chaperone – Parents are needed to chaperone students at specific events, i.e. – at Grand Nationals – the day at the mall, bowling, zoo, etc; Concert & Symphonic band field trip during the school year i.e. the Cincinnati Symphony Orchestra, etc.

Tag Day

All students are expected to participate in Tag Day. They will go throughout the Kings area to give the community an opportunity to financially support our band program. Adults are needed to organize the lunch and drive student teams for the canvassing (August).

Communications

Assist with the printing/collating of Red Book, Blue Book, newsletters, emails and phone calls on occasion.

Hospitality

Prepare and serve meals to the band students/staff before competitions as well as providing cookies and treats at summer camps and football games, make door name tags for motel rooms and “goodie bags” for competitions, etc. Also coordinate spring awards ceremony activities.

Sew Flags

Work with directors to design and sew silk flags for color guard use. (August/September)

Kings Island Music Festival/ Music in the Parks

A concert band/choir contest sponsored by Kings Island and held at our school. Volunteers are needed to check in groups, guide them to their assigned areas, sell tickets and programs, and assist the judges. (April/May)

Poinsettia Sale

Adult/students help is needed for plant pick up and to assist with deliveries to local businesses. (Sale starts late October, plants delivered prior to first weekend in December.)

Spring Flower Sale

Adults/students are needed to separate orders and help during pick-up. (Sale starts in March, plants delivered early May)

Special Event / Sale Coordinators

Adults needed to coordinate various limited time activities throughout the year. *Possible* activities include Mike's Express Car Wash Card Sale, Alumni Fund Drive, booth sales at football games/band contests, etc. Sales would be for a specific time period and the project completed within a few weeks.

Uniforms

Fit members with uniforms/shoes/gloves/gauntlets/hats as directed by the staff. Committee members also needed to assist band members with final uniform preparations before entering performance field, i.e. pluming hats, pinning gauntlets, etc. (Marching season).

Laundry Helpers – Launder uniforms and then hang in storage. (Weekly during marching season)

Alterations Helpers – Make minor alterations (hemming) as needed. Assist with concert band uniforms as needed.

Tuxedos – In the fall before the first performance/concert fit boys in Concert and Symphonic Bands in their tuxedos during the school day, after performances - wash shirts, on performance night – assist with tuxedos.

Car Washes

Adults needed to work 3 car washes – 6/27/09, 7/11/09 and 8/1/09 at CVS Pharmacy in Landen; remind KMA Communications person to advertise in local papers at least 3 weeks in advance; purchase and transport needed supplies; schedule and supervise student workers. All students are expected to participate.

Cookie Moms & Dads

This committee provides cookies, water and lemonade for visiting bands for all the home football games. This group needs one and/or two adult(s) to coordinate bakers/suppliers and several adults/students help bake cookies and on game day set-up, serving cookies, water and lemonade.

Set/Prop Construction and Pit Crew

Set/Prop Construction – Design/build/repair needed equipment and props for the show. (Summer & marching season)

Pit Crew – Load/unload equipment from truck, and move on/off competition field. Must be available for all performances or secure and train your own replacement when necessary. (Marching season.)

Athletic Event/Concession Workers

This committee will work the home football games (approximately 5) including the East/West Game in the summer selling tickets, programs, various KMA items.



**Marching Band Fees
Fees Schedule 2009/2010**

Registration begins in March. 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 Mr. Mills 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:	\$75.00 (\$50.00 is non-refundable)
April 15	\$125.00 1 st Payment Due
May 15	\$125.00 2 nd Payment Due
June 15	\$125.00 3 rd Payment Due
July 15	\$125.00 Final Payment Due (must be paid to get on bus to band camp)

Total Marching Band Fee: \$575.00

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.

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 Mr. Mills, KMA Treasurer Dan Ward, or KMA President Jeroen Winterink 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 – this year to Massillon, OH, and Indianapolis, IN – 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.

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 2009/2010 school year is \$575.00 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, 2009, 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

Fee Schedule:

Registration Fees: \$75.00 - \$50.00 is **NON-REFUNDABLE**

April 15	\$125.00	1 st Payment Due
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Home Phone

Fee Schedule:

Registration Fees: \$75.00 - \$50.00 is **NON-REFUNDABLE**
April 15 \$125.00 1st Payment Due
May 15 \$125.00 2nd Payment Due
June 15 \$125.00 3rd Payment Due
July 15 \$125.00 Final Payment Due

Total Marching Band Fee: **\$575.00**

Marching Band Fee

Payment Coupon: 1st Payment **April 15, 2009**

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 **May 15, 2009**

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: 3rd Payment **June 15, 2009**

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, 2009**

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