



# 2021-2022 Northwood High School Marching Charger Band Letter of Intent Form

To be filled out **legibly** and returned to Mr. Freeman, along with a **\$20** Fair Share Deposit, due by: **May 15, 2021**

### Marching Band and Color Guard Contract:

My student and I have reviewed the marching band handbook for 2021-2022 and understand our responsibilities. We will make every attempt to avoid scheduling conflicts for marching band activities for the duration of the season. I understand that for my student **all performances are mandatory** unless coordinated in advance with the Band Director.

By signing this form, I understand my student is now **fully committed** to joining the marching band and that the **\$20** is a **non-refundable** Fair Share/dues deposit. Total Fair Share will be approximately **\$600** (this amount may change depending upon enrollment). If the \$20 nonrefundable Fair Share deposit or the full Fair Share amount will cause financial hardship, please contact Mr. Freeman to apply for a full or partial waiver.

I understand that by signing this document, I will become a member of the Northwood Band Boosters organization.

**Band Programs are volunteer-powered.** PARENTS/GUARDIANS - Please volunteer for at least one committee below. Feel free to check multiple boxes that reflect your volunteering interests – Once we have collected forms from all parents, we'll begin to form the committees and contact you about your preference. Please note: Any volunteer working directly with students must be approved via the Chatham County Schools volunteer process. Instructions on this process can be found here: <https://www.chatham.k12.nc.us/Page/21004>

- Audit
- Chaperone
- Color Guard
- Communications

- Finance
- Fundraising
- Props
- Pit

- Snacks
- Social
- Transportation
- Uniform

We need you to enter or verify your information in the Charms Office Assistant before August 1, 2021. Email addresses are needed for at least one parent/guardian for use with Charms. (Student school email addresses cannot receive email from the Charms system).

Student Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Instrument(s): \_\_\_\_\_ Adult T-shirt Size: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student non-school Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian phone(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

**\*see page 2 for health and medication questionnaire**

## Student Health Information Questionnaire

### **Allergies**

Please list any food, medication, insect, environmental allergies as well as anticipated reaction and required response. If your student carries an Epi pen, please let us know.

Allergen	Reaction	Response
(e.g., mushrooms)	(e.g., breaks out in hives)	(e.g., use Epi pen)

### **Is there anything about your student that you'd like to share?**

Is there anything you'd like Boosters and/or Chaperones to know that might make band trips and activities a better experience for your student?