

Student Fees

Student Name _____

Student Name _____

Student Name _____

Parent Name _____ Phone # _____

E-mail address _____
(E-mail address will NOT be published)

MARCHING BAND ITEMS	COST
Regulation Black Band Shoes – <i>Approx.</i> \$25 new; \$10 used. 1 st yr. band students need to purchase shoes. Returning students pay for shoes only if they want <i>new</i> shoes or can't find used shoes that fit.	\$ _____
White Gloves - White gloves are worn for the marching season. Drumline or color guard does not wear gloves. <i>Approx.</i> \$3	\$ _____
Additional T-shirts -\$10 each/\$12 XXL/XXXL (sizes entered online)	\$ _____
I would like to pay this amount toward future fees See reverse for estimated future fees. Please consider paying all or at least a portion of your future fees at this time. Keep in mind that band events are scheduled throughout the school year and transportation, accommodation and meal expenses must be paid as they occur. Student band accounts that are in arrears jeopardize our ability to adhere to the schedule of events.	\$ _____
Total Enclosed	\$ _____

Related items that are purchased and paid for separately but are shown here for completeness:

- **Classroom Instruction Fee** - \$150 per student (**this is part of Dowling Catholic Registration fees which are paid separately to the Dowling Business Office**)
- **Black Socks** – extending 3 inches above the shoe - purchase these on your own.

Please return this form by July 15, 2011

Band/Color Guard Estimated Future Expenses

ALL BAND/COLOR GUARD MEMBERS *(All are required for everyone)*

Johnston Invitational (Sept)	Bus	\$5
Apple Valley, MN Competition (Sept)	Bus and meals	\$90-120
Pella Invitational (Sept)	Bus and meals	\$25
Valleyfest (Oct)	Bus	\$8
State Contest (Waukee a.m.) / Mid Iowa (Ankeny p.m.) (Oct)	Bus and meal	\$32
SCIBA Concert Fest. Ankeny (Mar)	Bus	\$5
Potential additional in-town competitions	School buses	\$5-10 <u>per trip</u>

TRIPS/COMPETITIONS

Solo & Group Contests	Des Moines Area-Iowa competition	\$10/performance
Pep Bands	Football Playoffs	\$15-20 per trip
Symphony/Concert Bands	All City Band Concert Festival	\$5

DRUMLINE COMPETITIONS *(Required)*

Ankeny Drumline Show (Oct)	Bus	\$15
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JAZZ BAND

DM Big Band/Adventureland Inn (Nov)	Bus (Jazz Ensemble only)	\$6
SCIBA Jazz Fest in Waukee (Dec)	Bus	\$5
Simpson Jazz Fest, Indianola (Jan)	Bus	\$15-20
Jazz in the Bluffs, Council Bluffs (Feb)	Bus, accommodations, meals	\$90

CONCERT/SYMPONY BAND

Returning students have no fees if they can still wear last years. There are a limited number of used items.	Shirts (boys)	\$15 (used) - \$20 (new)
	Shoes (girls)	\$15 (used) - \$20 (new)

SCHOOL INSTRUMENT RENTAL FEE

TBA

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Medical Information
Dowling Catholic High School Band

Student name: _____ Grade: _____ Birth date: _____

Address: _____ Home phone: _____

Parent/Guardian: _____ Work phone: _____ Cell phone: _____

Parent/Guardian: _____ Work phone: _____ Cell phone: _____

Relative other than those listed above or an emergency contact:

Name: _____ Relationship: _____ Phone: _____

Personal physician: _____ Phone: _____

Personal dentist: _____ Phone: _____

Insurance information

Health Insurance: _____ Policy # _____

Policy holder: _____ Policy holder birth date: _____

Medical History

Past or present major disease, serious illness, or injury? No ___ Yes ___ (specify below)

Illness, disease, injury: _____ Year: _____

- | | | |
|------------------------|--------------------------|----------------------|
| ____ Allergy (specify) | ____ Contact Lenses | ____ Kidney Problems |
| Food _____ | ____ Dental problems | ____ Seizures |
| Medication _____ | ____ Diabetes | ____ Sleep walking |
| Environmental: _____ | ____ Fainting | ____ Headaches |
| ____ Asthma | ____ Heart condition | ____ Surgery |
| ____ Bleeding disorder | ____ High blood pressure | ____ Other |

Explain items checked:

Any condition that may require special care, education, or diet:

(OVER)

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(Student's Name)

Release

If parents and authorized physician or dentist cannot be reached at the time of emergency and if immediate treatment is urgent in the perception of school authorities, I request, authorize, and will be responsible for necessary emergency medical care. Our physician or dentist may be contacted and is authorized to release requested information. I understand that the chaperones will endeavor to safeguard the health and safety of each student but will, in no way, be held responsible in case of accident or illness.

Date

Parent/Guardian (*Must be signed*)

Over-the-counter Medications

Please note, we cannot be responsible for medications given to your student by another student. I authorize chaperones to administer over-the-counter medications as directed in the event of a minor illness (e.g., Tylenol, Ibuprofen, Imodium, Dramamine, Benadryl, cold medications or, Antacids). Yes _____
No _____ Exceptions _____

Date

Parent/Guardian (*Must be signed*)

Authorization to Administer Medication

This must be signed by a parent/guardian to authorize administration of any medication being sent for the student. Medications must be in original labeled containers. Students will be allowed to self-administer asthma inhalers and eye medications. List all medications and non-prescription items such as vitamins and herbal supplements:

Medication	Dosage	No. of doses/day	Time	No. of Days
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I request the prescribed medication to be administered according to the above written directions.

Date

Parent/Guardian

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Uniform Responsibility Agreement

Dowling's cost of a marching band and concert uniform is over \$600. *You are responsible for the care of your uniforms!* If there is unreasonable and excessive damage to or loss of your uniforms, other than normal wear and tear, *you will be expected to cover the replacement cost.*

- I understand that I will be responsible for the proper care of the Dowling Band Uniforms issued to me/my child. I agree to care for all uniform parts as instructed and return them to the designated area after all performances. This includes the uniform jacket, pants, baldric, hat, gauntlets, plume and concert tuxedo or dress. I will also be responsible for my own gloves, socks, and shoes.
- I agree to pay the replacement cost or repair for any unreasonable or excessive damage, misuse, or loss of the uniform or accessories.
- I agree to pay the cost of any extra cleaning bills due to unreasonable misuse.

Student Signature _____

Date _____

Student Signature _____

Date _____

Student Signature _____

Date _____

Multiple students in same family may sign one form.

Parent Signature _____

Date _____

Must be signed before uniform is issued

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