

Name _____

Instrument _____

NORTHWEST WHITFIELD BAND



MARCHING BRUINS

**PARENT / GUARDIAN
FORMS
2026 – 2027**

Fees and Payments

The fees for the 2026 – 2027 marching season are as follows:

| | | |
|---|--------------|--|
| Marching Band Fees | | ITEMS NOT INCLUDED IN MARCHING BAND FEES: (if needed) |
| COLORGUARD | \$500 | |
| PERCUSSION | \$400 | |
| WOODWIND AND BRASS | \$350 | |
| 8th GRADE APPRENTICES | \$150 | |
| | | <ul style="list-style-type: none"> ● BAND / GUARD SHOES - \$40 ● BAND GLOVES - \$5 |

COMMITMENT FEE: A \$100 Commitment fee is due 5/20

MULTIPLE STUDENT DISCOUNT: Families with multiple siblings in the same household that are participating in the Northwest Marching Band will receive a 25% discount of marching band fees for each additional student.

ALL FEES MUST BE PAID BY OCTOBER 31ST

Cash/check payments can be placed in the drop box found in the band room. For cash, use the envelopes provided by the drop box and be sure to include the student's name on the envelope. Make checks payable to 'NWS Band Boosters' and include the student's name in the memo section. Online payments can be made via our website: www.northwestwhitfieldband.org. If you ever have questions about your fees, you can contact Mr. Vanoy at nathaniel.vanoy@wccga.net or the booster treasurer at nwhsbandtreasurer@gmail.com. All funds collected will be applied towards band fees first.

PAY IN FULL DISCOUNT

A 10% discount will be given for marching band fees if they are paid in full by the end of band camp in August. **Band Fees must be paid in full before any payments will be credited toward any trips or other band activities.**

\$25 WORK CREDIT - up to \$150 MAXIMUM

Parents are expected to work in support of the band (i.e. concession stand, pre-season clean, chaperone, meal coordination/serve, pull trailer). \$25 will be credited to the student's account for each event worked up to a maximum of \$150. Be sure to sign in at each event and/or notify the Treasurer to ensure credit. Trailer mileage reimbursement will be credited at \$0.30 mile between locations.

CANCELLATIONS & REFUNDS - The Commitment Fee is non-refundable. Surplus funds will be applied to the following season's fees. Sr. surplus funds will be applied to the general fund or sibling accounts.

Please know that we absolutely will not allow finances to keep ANY student from participating in the band programs so long as they are in good standing in the program. Please contact Mr. Vanoy or the booster treasurer to discuss alternative payment plans and options. All communication is kept strictly confidential.

By signing this form, you are agreeing to participate in the Northwest Whitfield High School Marching Band. You understand this is a co-curricular activity outside of the public-school funded programs and your monetary support is necessary for the success of the program. In addition to participation, you are agreeing to pay the fees associated with this activity, which are outlined above, and fully understand the Northwest Whitfield High School Band Booster Association Refund and Withdrawal policy. All Band Fees must be paid in full before any payments will be credited toward any trips or activities.

Parent/Guardian Signature

Print Name

Date

Student Signature

Print Name

Date

Northwest Whitfield High School Marching Band Registration Information

Please print clearly and fill out all areas completely

| | |
|--|---|
| _____ | |
| First Name | M.I. Last Name |
| _____ | _____ |
| E-Mail Address | Birthdate |
| _____ | _____ |
| Home Address | <input type="checkbox"/> 2027 <input type="checkbox"/> 2028 <input type="checkbox"/> 2029 <input type="checkbox"/> 2030 <input type="checkbox"/> 2031 |
| _____ | Graduation Year |
| City, State, Zip | _____ |
| _____ | _____ |
| Home Phone | Student Cell Phone |
| _____ | _____ |
| Woodwind & Brass / Percussion / Colorguard (Circle One) | |
| Tee Shirt Size: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL |

| | |
|--|--|
| _____ | |
| Mother's Name | Father's Name |
| _____ | _____ |
| E-Mail Address | E-Mail Address |
| _____ | _____ |
| Home Address | Home Address |
| _____ | _____ |
| City, State, Zip | City, State, Zip |
| _____ | _____ |
| Home Phone | Home Phone |
| _____ | _____ |
| Cell Phone | Cell Phone |
| _____ | _____ |
| Preferred Contact Method – (Email or Cell Phone) | Preferred Contact Method – (Email or Cell Phone) |
| _____ | _____ |

We may use multiple forms of communication to contact you regarding information updates, student account information, and reminders. **Please be sure to circle your preferred contact method so we can reach out to you.**

STUDENT MEDICAL PROFILE SHEET

Student Name (Please Print)

| | | |
|-----------------------------|---------------|--------------|
| Name: | | |
| Address: | | |
| | | |
| Home Phone: | Cell Phone: | |
| Allergies: | | |
| Prescription Medications: | | |
| Medical Conditions: | | |
| Medications: | | |
| Parent's / Guardian's Name: | | |
| Contact Number: | | |
| | | |
| Insurance Company | Policy Number | Group Number |

| EMERGENCY CONTACT 1 | EMERGENCY CONTACT 2 |
|---------------------|---------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Address | Address |
| | |

Do you give permission for your child to take necessary over the counter medicines with adult supervision?

YES OR NO

If no...please list what medicines CANNOT be administered to your child (write "DO NOT ADMINISTER" if you wish to not have your child be administered any OTC medicines by directors, staff, or chaperones. _____

IF I CANNOT BE REACHED AT THE ABOVE EMERGENCY NUMBERS, I AUTHORIZE EMERGENCY MEDICAL TREATMENT NEEDED FOR: _____

(PARENT/GUARDIAN'S SIGNATURE)

(DATE SIGNED)

Student & Parent Contract

STUDENT

I have read the band handbook and understand all rules and regulations pertaining to the Whitfield County Board of Education and Northwest Whitfield High School Band Program. All rules and regulations apply while at Northwest Whitfield High Band functions as well as in the band room and on practice fields. I further agree to make necessary arrangements so that I will be able to attend all functions as scheduled.

I understand that I must remain scholastically eligible if I wish to participate in instrumental music activities - some of which involve missing school. In case of school or family emergency, I may be excused with both parental and Mr. Vanoy's approval.

I have received a schedule of events for the 2026-2027 school year. All festivals and concerts will receive grades. I understand that this is a performance class - one of the objectives being to perform for the public. If there is some sort of conflict, I am to contact the band director (IN WRITING) far enough in advance for him to change seating positions and make special arrangements to cover my part. Extenuating circumstances should be discussed with the director prior to the performance.

Student Signature and Print

Date

PARENT

My child has read the band manual and understands all rules and regulations pertaining to the Whitfield County Board of Education and Northwest Whitfield High School Band Program. I also understand that it is my responsibility to cooperate and communicate with my child to ensure adequate transportation is arranged to and from rehearsals and events. I have received a schedule and calendar to ensure that my child will be present at all required rehearsals and events.

I understand and agree that my child must abide by all rules, regulations, and policies set forth by Whitfield County Schools, Northwest Whitfield High School, and the Northwest Whitfield High School Band, and that all infractions of the above will be dealt with according to state, district, or school-level policies. Should my child's behavior jeopardize the health, safety, and/or welfare of other band students, I understand that he/she will be sent home immediately. I accept full responsibility for all costs associated with my child's misbehavior and subsequent damage to property and personal injury. **I also understand my student will be required to follow all rules and guidelines outlined in the Member Handbook.**

Regarding fees, I understand this is a co-curricular activity outside of the public-school funded programs and my monetary support is necessary for the success of the program. In addition to participation, I am agreeing to pay the fees associated with this activity, which are outlined on the fees and payment schedule page. I also fully understand the Northwest Whitfield High School Band Booster Association Refund and Withdrawal policy. All Band Fees must be paid in full before any payments will be credited toward any trips or activities. I understand that if I experience financial hardship I will reach out to Mr. Vanoy and/or the booster treasurer as soon as possible.

I will not hold the band directors, staff members, chaperones, or the Northwest Whitfield High School Band responsible for any costs associated with the treatment of my child.

Parent Signature and Print

Date

WHITFIELD COUNTY SCHOOLS
ATHLETIC/ACTIVITY PROGRAM
TRAVEL PERMISSION SLIP/LIABILITY RELEASE

I hereby give permission for my son/daughter _____ to go on planned trips associated with his/her participation as a member of the Northwest Whitfield High School Band program during the 2026-2027 school year.

I understand that these trips will be under supervision of an employee of the Whitfield County Public Schools. By execution of this permission slip, the undersigned acknowledges that the proposed trips will be so supervised but may occur at indoor/outdoor locations other than on property owned by Whitfield County Schools and may expose participants to a non- school environment and personnel beyond the control of Whitfield County Public Schools. The undersigned further acknowledges that these trips may involve motor vehicle travel away from school premises and that the method of transportation is within the discretion of Whitfield County Schools.

Undersigned hereby releases individually and as a parent and natural guardian of his/her participating child, the Whitfield County Schools, Whitfield County Board of Education and any and all employees of same from liability for death, personal injury and/or property damage that may be sustained by the above referenced student while involved in this travel related activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE