



Forms and Fees Night

**Monday, August 17th
5:00pm – 7:00pm**

Have all of your marching band questions answered

Turn in all necessary forms

Pay fall fee

Submit order for shoes and gloves

Meet fellow band parents!

Champlin Park High School

Main Entrance

Enter Door E3

Champlin Park Marching Rebels Fall 2009 Fees Schedule and Agreement

Per Article 12 of the Champlin Park Band Association (CPBA) By-laws, we are required to provide this notice of fees for this season and associated events. The complete by-laws of the CPBA are available on the Marching Rebels website at http://marchingrebels.org/index.php?option=com_content&view=article&id=20&Itemid=19

Fees for the fall season are as follows:

\$140 - payable to CPBA

\$240 - Payable to the District.

Students new to the program are also expected to purchase one pair of black marching shoes (\$35) and one pair of black gloves (\$5).

Fees are due and payable in full on or before the associated Forms and Fees night (August 17, 2009) by check, money order, or by transfer from their student account (cash is not acceptable for security reasons). Checks are to be made payable to Champlin Park Band Association (\$140).

Students in arrears on payments from a previous season must have those previous fees paid in full to participate in this season. Fees paid for this season are refundable if the student elects to terminate participation within ten (10) days of the first scheduled rehearsal.

By signing this form, I (undersigned) agree that I understand the above terms and schedule, and that I am responsible to pay these fees to participate.

(Print name of student)

(Date)

(Signature of parent/guardian)

(Date)



2009 Champlin Park Marching Rebels
Student Information Sheet
Please print clearly!

Student's Name _____

Section _____

Circle graduation year: 2010 2011 2012 2013 2014 2015

Street Address _____

City _____ Zip Code _____

Home Phone _____ E-mail _____

Do you want to be included in the marching band e-mail list? Yes No

Circle the season(s) that you plan to march: Summer Fall

Do you need a school-owned instrument for marching band? Yes No

Student T-Shirt Size (included in Summer Fee): S M L XL 2XL 3XL

Parent Information

Name (Mom) _____ (Dad) _____

Occupation (M) _____ (D) _____

Work Phone (M) _____ (D) _____

E-mail (M) _____ (D) _____

We need your help! Please put an "M" for mother and/or "D" for dad next to the ways that you can help the Champlin Park Marching Band. Any family member/relative is welcome to volunteer!

May we share your name/phone number with the project chairs? Yes No

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Chaperone | <input type="checkbox"/> Trailer Help | <input type="checkbox"/> Publicity | <input type="checkbox"/> Sewing flags |
| <input type="checkbox"/> Machining | <input type="checkbox"/> Photography | <input type="checkbox"/> Video production | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Web page update | <input type="checkbox"/> Newsletter | <input type="checkbox"/> First-aid | <input type="checkbox"/> Haul trailer |
| <input type="checkbox"/> Hem/fit uniforms | <input type="checkbox"/> Concessions | <input type="checkbox"/> Memory book | <input type="checkbox"/> T-shirt design |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Rebel Classic |

CRIMINAL RECORD HISTORY RELEASE FORM - Volunteers

**ANOKA-HENNEPIN INDEPENDENT SCHOOL DISTRICT #11
EMPLOYEE SERVICES 763-506-1100
11299 HANSON BOULEVARD NW, COON RAPIDS, MN 55433-3799**

The following named individual has made application with this School District for volunteering:

Last Name: _____ Home Phone: (____) _____
 First Name: _____ Work Phone: (____) _____
 Middle (full): _____ Date of Birth: _____
 Maiden, Alias or Former: _____ Sex: (M or F) _____
 Address: _____
 City, State, Zip _____

Are you currently an Anoka-Hennepin District #11 employee? No Yes

Have you lived in another state or country within the last 5 years? No Yes

If you answered "yes", list the state(s) or countries in which you have resided and/or worked and when:

state/country _____	date _____
state/country _____	date _____
state/country _____	date _____

If you have lived in another state, it may be necessary for AHISD #11 to complete a record history check from that state or the FBI.

HAVE YOU EVER BEEN CONVICTED of any crime or offense against the law, or are there any charges pending, including felonies and misdemeanors (with the exception of speeding and parking tickets)?
 No Yes

If yes, please provide information for each offense:

charge(s) convicted of: _____
 date of conviction(s): _____
 court and location: _____
 action taken: _____

. . . . CRIMINAL RECORD HISTORY RELEASE

The Anoka-Hennepin School District requires a Criminal Record History Release Form to be completed for all volunteers 18 years and older. Every volunteer 18 years and older must sign a new form every school year at the building where they volunteer. The \$15 fee is currently being waived for volunteers. Volunteering in schools is conditional upon the determination by the District that an individual's criminal history does not preclude the individual from volunteering for the District.

This release and authorization acknowledges that Anoka-Hennepin Independent School District #11 may conduct a search and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any information as deemed necessary to fulfill the volunteer requirements.

I authorize Minnesota Bureau of Criminal Apprehension (BCA - **MS 123B.03**) and any of its agents, to disclose criminal history record information to the Anoka-Hennepin Independent School District #11 for the purpose of volunteering with this School District.

I do hereby agree to forever release and discharge Anoka-Hennepin Independent School District #11, its agent, BCA, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

SIGNATURE OF VOLUNTEER

DATE

We are also requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual.

**RETURN THIS FORM TO THE VOLUNTEER SERVICES COORDINATOR AT:
Champlin Park High • 6025 - 109 Ave. N • Champlin, MN 55316-3488**

Office Use
CRHR Rec'd _____
App. Rec'd _____
<input type="checkbox"/> _____

Marching Shoes and Gloves Order Form

Due Monday, August 17, 2009

Name: _____ Section: _____

Phone: _____ E-Mail: _____

Graduation Year: 2010 2011 2012 2013 2014

MTX Marching Shoe \$35.00 (Men's sizes will be ordered)

Men's Medium	2 ½-12 ½, 13 (full and half sizes)
Men's Wide	6 ½-12 ½ (full and half sizes) 13-18 (full sizes only)
Women's Medium	4 ½-14 ½, 15 (full and half sizes)
Women's Wide	8 ½-14 ½ (full and half sizes) 15-20 (full sizes only)

Order Form

Total

MTX Marching Shoe (\$35.00/pair): Size: _____ Quantity _____ \$ _____

Gloves (\$5.00/pair): Black Size: S M L XL Quantity _____ \$ _____

Gloves (\$5.00/pair): White Size: S M L XL Quantity _____ \$ _____

Please make checks payable to CPBA.

Total: \$ _____

Check Number: _____

Please deduct from my students band account. _____

(Parent/guardian signature)

Student Accounts

A student account is established for each band member (family). Money made from activities such as fundraising, volunteer work at the Metrodome or CPHS concessions, and food taste testing go into this account for future use.

This money can then be used to cover expenses for band-related activities. Such uses include paying dues and fees for band, reeds, gloves, and shoes, band trips, etc. Note that money cannot be taken out in cash or used for non band-related purposes. There is a minimum of \$30 for a request.

Requests to use funds must be made in writing. This can be done by filling out a form or writing a note signed by the student's parent or guardian. These forms or notes can be placed in the 'band box' in the band office. Requests may also be made by the student's parent or guardian by sending an email message authorizing the amount and purpose.

If you have any questions about the student accounts, including account balances, please feel free to contact us.

Email is preferred and can be sent to: studentaccounts@marchingrebels.org. This will be checked daily. For immediate attention, our phone numbers are 763-360-5683 (Kari) or 763-360-5341 (Gary).

Gary and Kari Pontinen
Student Accounts for the Champlin Park Marching Rebels



Student Account Request

Date: _____

Student Name: _____

Please take \$ _____ from my student's band account to pay for:

- CPBA Fees \$ _____
- District #11 Fees \$ _____
- Other _____ \$ _____

Parent/Guardian Signature

Student Account Request

Date: _____

Student Name: _____

Please take \$ _____ from my student's band account to pay for:

- CPBA Fees \$ _____
- District #11 Fees \$ _____
- Other _____ \$ _____

Parent/Guardian Signature



Student Account Request

Date: _____

Student Name: _____

Please take \$ _____ from my student's band account to pay for:

- CPBA Fees \$ _____
- District #11 Fees \$ _____
- Other _____ \$ _____

Parent/Guardian Signature



Student Account Request

Date: _____

Student Name: _____

Please take \$ _____ from my student's band account to pay for:

- CPBA Fees \$ _____
- District #11 Fees \$ _____
- Other _____ \$ _____

Parent/Guardian Signature

MEDICAL RELEASE FORM

Parental Consent for Medical Treatment

NAME: _____ BIRTH DATE: _____
Last First M.I.

ADDRESS: _____ MN _____
Street & Number City Zip

PARENT/GUARDIAN _____

PHONE HOME: _____ WORK _____ CELL _____

PARENT/GUARDIAN _____

PHONE HOME: _____ WORK _____ CELL _____

1. ALLERGIES to food, medications, etc. (If none, state it so):

2. SPECIAL MEDICAL PROBLEMS: (If none, state it so):

3. Does participant carry or require MEDICATION? (If none, state it so):
Medication _____ Dose _____ Purpose _____
Medication _____ Dose _____ Purpose _____

4. Does participant have permission to take any of the following if needed (please circle if so):
TYLENOL IBUPROFEN BENADRYL

5. Any specific ACTIVITIES to be ENCOURAGED: _____
RESTRICTED: _____

6. SPECIAL DIET? _____

7. Date of last TETANUS SHOT: _____

8. Family PHYSICIAN: _____ CLINIC _____
ADDRESS _____ MN _____
Street & Number City Zip
Phone Number: _____

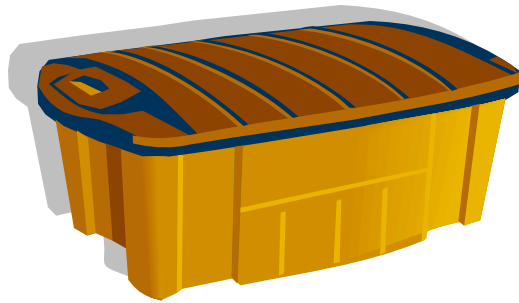
9. INSURANCE: Company _____
ID Number _____ Group Number _____ Dep# _____

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of _____ hereby authorize any necessary medical treatment for this person for 18 months from the date signed. I also guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, X-ray, lab, medication, ambulance, etc.)

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

PRINT NAME: _____ RELATIONSHIP _____

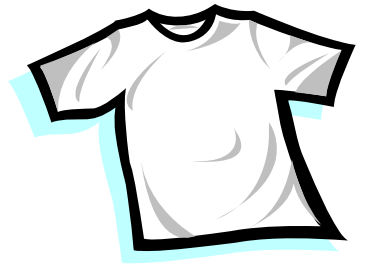
What is the **BAND BOX?**



A plastic see-through container with
an aqua-colored lid

Located in the
Instrumental Office
on a table near the
Alumni Pictures

Used for any correspondence to the
Champlin Park Band Association



Want Extra T-Shirts?

(In addition to your marcher's free t-shirt)

Here's how to order:

Name _____

Phone Number _____

Each t-shirt costs \$10; 2XL and 3XL \$12

	# of shirts	Cost
Small	_____	_____
Medium	_____	_____
Large	_____	_____
X-Large	_____	_____
2X-Large	_____	_____
3X-Large	_____	_____

Total Due		_____



Checks made payable to CPBA