



# 2018 Limestone Marching Rockets Commitment Form



Return by 5/1/2018

I, \_\_\_\_\_,  
(Print Student Name)

\_\_\_\_\_ WILL \_\_\_\_\_ WILL NOT

be participating in the 2018 Limestone Community High School Marching Rockets.

I understand that by committing to be in the Marching Band, a position will be written for me in our 2018 field show. Therefore, I will be responsible to pay the \$325 Band Fee and all other applicable fees by the scheduled due dates. I am aware of the rehearsal and performance schedule and understand that my attendance is a mandatory part of being in band. I will communicate any scheduling conflicts to the Director as early as possible. I have read, understand, and agree to the Band Policies found at <http://limestonebands.com/home/student-information/policies/>.

I understand that I will be rehearsing, traveling, and performing as a member of the Limestone Community High School Bands program. I will not engage in the use any drugs, alcohol, or tobacco nor be involved in any illegal or immoral act or event during my participation with the Bands program. I will refrain from creating or engaging in any disruptive behavior or situation, and I will respectfully obey the directives of my teachers, chaperones, and other individuals in a position of authority.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Parents:** I grant permission for my child to attend rehearsals and trips as part of the Bands program. I agree that the teachers, chaperones, and other individuals in a position of authority have the full right to regulate the behavior of my child. I agree that if my child fails to abide by the reasonable direction of those in authority, he or she may be sent home at my expense.

\_\_\_\_\_  
*Print Parent/Guardian Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Please return the filled-out form with the **\$100 initial payment** by **May 1, 2018** by placing it in the lockbox outside the Director's office or by mailing to:

**Amy Hauk, Treasurer**  
**Limestone Band Boosters**  
**4201 S Airport Rd**  
**Bartonville, IL 61607**

Or, to make a payment from your Charms account balance, sign this form, scan it, and email it to [Treasurer@LimestoneBands.com](mailto:Treasurer@LimestoneBands.com). Indicate that you want the amount deducted from your student account. You can add to your Charms account with a credit card via PayPal. (A convenience fee applies.)



# 2018-19 Limestone Bands Student Information



Return by 5/1/2018

Name \_\_\_\_\_ Grade \_\_\_\_\_

*this fall*

- Instrument(s): \_\_\_\_\_
- Color Guard

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

## Parent/Guardian Information

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Step-parent \_\_\_\_\_

Address (if different than student's) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's email \_\_\_\_\_ Cell \_\_\_\_\_

Mother's email \_\_\_\_\_ Cell \_\_\_\_\_

Step-parent email \_\_\_\_\_ Cell \_\_\_\_\_

*FYI:* Email addresses, phone numbers, et cetera are only used to relay information about the LCHS Bands program, such as competitions, upcoming events, fundraiser reminders, and other band activities. If you do not have an email address, please let us know, and we will try to communicate with you via alternate means.

**If your information changes** during the year, please update it in Charms ([CharmsOffice.com](http://CharmsOffice.com)) or contact the Booster Secretary ([Secretary@LimestoneBands.com](mailto:Secretary@LimestoneBands.com)).



# 2018-19 Limestone Bands Medical Information &



Return by 5/1/2018

## Parents' Consent and Authorization for Travel

Student's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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

Address \_\_\_\_\_

2<sup>nd</sup> Address (if needed) \_\_\_\_\_

### Telephone Numbers

Student Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother Cell \_\_\_\_\_ Mother Work \_\_\_\_\_

Father Cell \_\_\_\_\_ Father Work \_\_\_\_\_

Is he/she allergic to any medicine or drug? YES or NO  
If yes, please provide name of medication and describe reaction to:

\_\_\_\_\_  
\_\_\_\_\_

Is he/she allergic to any food or beverages? YES or NO  
If yes, please provide name of food or beverage and describe reaction to:

\_\_\_\_\_  
\_\_\_\_\_

Is he/she allergic to any insect bite such as bee, wasp, etc.? YES or NO  
If yes, please provide reaction to insect bite:

\_\_\_\_\_  
\_\_\_\_\_

*Note:* If your child needs specialized medical equipment, such as epinephrine kit or inhaler, it is your responsibility to provide the equipment.

Has he/she had a tetanus shot? YES or NO If Yes, when? \_\_\_\_\_

Blood Type (if known) \_\_\_\_\_ Birth Date \_\_\_\_\_

Medications being taken (please list the name, dose, and how often)

\_\_\_\_\_  
\_\_\_\_\_

Will your student have prescription medication(s) with them that you would like for the student to notify staff before taking? If so, please provide name of medication:

\_\_\_\_\_

Student's Name \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Requested to Provide Care:

\_\_\_\_\_ OSF St Francis Medical Center      \_\_\_\_\_ Unity Point (formerly Methodist)  
\_\_\_\_\_ Proctor Hospital      \_\_\_\_\_ Pekin Hospital

Medical Insurance Provider \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In case we are unable to reach you, please provide an Alternate Emergency Contact and phone number:

\_\_\_\_\_

Any addition instructions for emergency medical treatment \_\_\_\_\_

\_\_\_\_\_

We have the following non-prescription medications that may be provided to your child if he/she requests, if we feel that it is appropriate, and if you give your permission. Please **circle each medicine** that you allow us to give to your child:

Motrin (ibuprofen)      Tylenol (acetaminophen)      Tums  
Excedrin Migraine      Benadryl      Imodium

Would you like us to call you before giving the approved medicine(s)? **(If you mark "Yes," we will be unable to give the above medicine without speaking with you first.)** YES or NO

If Yes, please provide the best contact number to contact you and whom we are contacting.

\_\_\_\_\_

Are there any specific questions you would like us to ask your child before giving medicine you have given approval for? If so, please provide questions and directions:

\_\_\_\_\_

\_\_\_\_\_

Any other medical information, such as existing or chronic diseases or medical problems, that you feel is important for staff to be aware of for the best interest of your child:

\_\_\_\_\_

\_\_\_\_\_

**I hereby grant permission for my child to participate in band activities, including travel outside of the LCHS area. I give permission for the above circled medications to be provided to my child per my written instructions. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. I understand that every effort will be made to notify me before any major treatment is undertaken.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# 2018-19 Limestone Bands Student Media Release Form



Return by 5/1/2018

The Limestone Bands program uses various media forms to give educational feedback, provide memory souvenirs, promote the program, and for other purposes.

I hereby consent to my child/children being:

- filmed,
- audio taped,
- interviewed,
- videotaped, and/or
- photographed

by the media (print, broadcast, or electronic) and/or employees, agents, or servants of Limestone Community High School or the Limestone Band Boosters when with the Limestone Community High School Band Program for the 2018-19 school year. The captured information may be used in brochures, videos, displays, on the band website ([www.LimestoneBands.com](http://www.LimestoneBands.com)) or Facebook page, or in other print, broadcast, or electronic distributions, including advertising.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with the student, now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the media.

I hereby agree to release, defend, and hold harmless Limestone School District 310 and the Limestone Band Boosters and/or subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs or videography, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

**Student(s) Name(s):** \_\_\_\_\_  
*(please print)*

**Parent or Guardian Name:** \_\_\_\_\_  
*(please print)*

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
*(Parent/Guardian signature; Student if 18+ years old)* *(Date)*



# 2018-19 Limestone Bands Time & Talent Survey



Return by 5/1/2018

**Please complete this survey so that we can better utilize the talents of our band family.**

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

Student(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Contact Time: \_\_\_\_\_

**Please select at least one fundraiser to help with** (in addition to the Field Competition, when we will need everyone’s help). If you are interested in chairing and event, all fundraising activities come with step-by-step instructions and guidance from prior year’s chairs and/or Booster officers. General information is available at [LimestoneBands.com/band-boosters/fundraisers-calendar](http://LimestoneBands.com/band-boosters/fundraisers-calendar).

**Questions** about the survey or the activities listed? Contact any of the Booster officers. See their info at [LimestoneBands.com/band-boosters/officers](http://LimestoneBands.com/band-boosters/officers).

<u>Helper</u>	<u>Chair</u>	<u>Fundraiser/Event</u>	<u>Event Time</u>	<u>Additional Information</u>
<input type="checkbox"/>	<input type="checkbox"/>	Merchandise Sales	Year-round	Sell band paraphernalia
<input type="checkbox"/>	<input type="checkbox"/>	Butch’s Pizza	Fall, Spring	Collecting orders, distributing
<input type="checkbox"/>	<input type="checkbox"/>	Garage Sale	August	Organize, set up, work event
<input type="checkbox"/>	<input type="checkbox"/>	Raffle	Fall	Tickets, track sales, work games
<input type="checkbox"/>	<input type="checkbox"/>	March-A-Thon	July/August	Collect forms, track mileage
(all)	<input type="checkbox"/>	Field Competition	October 6	See <a href="http://LimestoneBands.com">LimestoneBands.com</a> for info
<input type="checkbox"/>	<input type="checkbox"/>	Madrigal Coat Check	December	Run coat check for tip money
<input type="checkbox"/>	<input type="checkbox"/>	50/50 Basketball Games	Dec-Feb	Coordinate volunteers, sell tickets
<input type="checkbox"/>	<input type="checkbox"/>	Stompin at the Savoy	March	Set/Clean-up, dinner server, tickets
<input type="checkbox"/>	<input type="checkbox"/>	Chicken/Pork Chop Drive-Thru Dinner	April	Tickets, collect orders, serve dinners



**Please indicate at least one of the following Ongoing Committees and/or Special Talents with which you would be willing to help.**

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

<b><u>Ongoing Committees &amp; Specialized Talents</u></b>	<b><u>Description</u></b>
<input type="checkbox"/> Pre-Band Camp	Drinks, snacks, activities – July 23-27
<input type="checkbox"/> Band Camp	Drinks, snacks, meals, activities – July 30-August 3
<input type="checkbox"/> Chaperone	Travel with band to competitions and other activities
<input type="checkbox"/> Pit Crew	Move equipment on/off the field for performances
<input type="checkbox"/> Towing	Tow the band trailers. Requires a hefty truck
<input type="checkbox"/> Hospitality	Competition meals, receptions, etc.
<input type="checkbox"/> Marching Show Prep	Construction, loading trailers
<input type="checkbox"/> Uniforms	Inventory, distribution, upkeep, taping gloves; Sewing & mending – minimal to advanced skills welcome
<input type="checkbox"/> T-Shirts	Ordering, sorting, and distributing T-shirts
<input type="checkbox"/> Photography	Take, edit, & post pictures of performances and other activities
<input type="checkbox"/> Videography	Take, edit, & post videos of performances and other activities
<input type="checkbox"/> Website	Extensive writing, programming, and/or computer experience necessary
<input type="checkbox"/> Computer Skills	General office help
<input type="checkbox"/> Graphics Design	Artwork for various events and the website
<input type="checkbox"/> Mentoring	Middle school liaison, experienced people helping new parents
<input type="checkbox"/> Travel Planning	Help with trip planning
<input type="checkbox"/> Medical Assistance	Indicate your qualifications (paramedic, RN, MD, etc.)
<input type="checkbox"/> Other	Please describe:



www.LimestoneBands.com

# 2018 Limestone Marching Rockets Payment Slips



Place your payment (including the slip below) in the lockbox in the band room, or mail to:

**Amy Hauk, Treasurer**  
**Limestone Band Boosters**  
**4201 S Airport Rd**  
**Bartonville, IL 61607**

Or, you can make payments from your Charms account if it has an adequate balance. Email your instructions to **Treasurer@LimestoneBands.com**.

You can add money to your Charms account using a credit card via PayPal. (A convenience fee applies.)

Early payments are always appreciated!

Please make checks payable to: **Limestone Band Boosters**

For Your Records	Payment	Due Date	Min. Due	\$ Paid	Payment Method
	1	May 1, 2018	\$100.00	\$	<input type="radio"/> Check # _____ <input type="radio"/> Charms
	2	July 13	\$75.00	\$	<input type="radio"/> Check # _____ <input type="radio"/> Charms
	3	August 17	\$75.00	\$	<input type="radio"/> Check # _____ <input type="radio"/> Charms
	4	September 14	\$75.00	\$	<input type="radio"/> Check # _____ <input type="radio"/> Charms
	<b>Total</b>	<b>\$325.00</b>			

*Please include a slip with each check so we can be sure to assign the money correctly.*

---

**PAYMENT #4**                                  **due SEPTEMBER 14, 2018**                                  **non-refundable**                                  **\$75.00**

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Payment Method:  Check # \_\_\_\_\_  Charms Account

---

**PAYMENT #3**                                  **due AUGUST 17, 2018**                                  **non-refundable**                                  **\$75.00**

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Payment Method:  Check # \_\_\_\_\_  Charms Account

---

**PAYMENT #2**                                  **due JULY 13, 2018**                                  **non-refundable**                                  **\$75.00**

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Payment Method:  Check # \_\_\_\_\_  Charms Account

---

**PAYMENT #1**                                  **Commitment due MAY 1, 2018**                                  **non-refundable**                                  **\$100.00**

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Payment Method:  Check # \_\_\_\_\_  Charms Account