

Eastside Beat Cadet Percussion 2019/2020 Membership Packet



2019/20 Membership Information Forms, Rehearsal and Performance
Schedule, Fee Schedule

WARREN CENTRAL 2019/20 Winter Percussion Handbook

Statement of Purpose:

The Warren Township percussion program seeks to educate students broadly in the subject matter of percussion performance. Its goal is to give students ample opportunities to play many different instruments, and in many different styles.

Student Expectations:

Be on time: With limited rehearsal time and much work to be done, we must take advantage of all the time we have. This means arriving at rehearsals on time. On time means in position, ready to play the downbeat at the start of rehearsal.

Be prepared: Being prepared means showing up to every rehearsal with music and playing materials. It also means making a commitment to home practice, learning additional music as required. You will be given time to learn as individuals, but in order for us to play music at a high level, home practice is required to emphasize and perfect individual parts.

Be respectful: Be respectful to our materials, facilities, instruments and transportation. Be respectful, thoughtful and kind to each other. Realize that everyone involved in winter percussion has joined for the love of music, and that everyone is working towards the same goal. Be respectful to instructors, recognize the chain of authority, and accept instruction quickly and actively. Being respectful also means respecting, supporting and encouraging other groups at competition, rather than disparaging.

Be Good Students: Winter Percussion members must maintain academic eligibility in order to continue performing in accordance with Warren Township policy. Just as you pursue excellence in music, pursue excellence in academics.

All Rules laid out in the Warren Schools Student Handbooks are in effect at all times, both in rehearsal, at games, and at competition!!! Represent Warren Well Warriors!

Adherence to these rules is an expectation of continued performance eligibility.

Attendance Policy

You have made a commitment to be in the Warren Township Cadet Percussion Ensemble for the 2019/20 season. Everyone is counting on you. In order to have successful rehearsals and performances, it is essential that we have full attendance. The absence of one person affects the entire group. The critical factors of uniformity, balance, precision, spacing and alignment cannot be improved or maintained with absences.

All absences must be communicated to Mr. Himes in email or by phone at 532-6200 ext. 6266

Any and all absences must be communicated to Mr. Himes directly through either written note, phone call or email by a parent.

Financial Commitment*:

Running a student performance ensemble is not cheap student fees cover the cost of Student uniforms and equipment but also help to cover the costs of transportation, materials, equipment maintenance, performance attire, instruction and the writing of the show itself. As such, each student will be asked to cover a fee of **\$200**

Fees will be due according to the following timeline:

- **\$100 Payment due December 15th. (Deposit required to reserve a spot in the ensemble)**
- **\$100 Payment Due January 15th**

- ALL FEES DUE January 15th - Any Warren Percussion Member whose fees remain unpaid at the end of the season will be ineligible to attend the end of year banquet, and may be discluded from future marching band and winter percussion seasons.

Alternative Pay Schedules: Questions about alternative pay schedules may be directed to Mr. Himes on a case by case basis. Students can help to reduce fees by engaging in our January fundraiser. Please refer to the Alternative Pay Schule Form included within the Cadet Percussion Handbook.

* Parents: All rehearsals will be **closed until the last 15 minutes** of each session. Special open rehearsals will be announced for parents, friends, and supporters. We encourage all to attend those open sessions.

* Any **infraction of the rules** established by the Warren Central Percussion Ensemble or the Warren Central High School Student Handbook may result in immediate dismissal from the Warren Central Percussion Ensemble (without any fee refunds). **ALL SCHOOL RULES APPLY.**

Contact Information:

Zachary Himes

Director of Orchestras | Director of Percussion

Warren Central High School 317.532.6200 ext. 6266 | zhimes@warren.k12.in.us

Warren Township Winter Percussion Ensemble 2019/20 Student Contract

Please Print:

Student Name: _____(Student)

Parent/Guardian Name: _____(Parent/Guardian)

Parent/Guardian Email (REQUIRED): _____(Parent/Guardian)

Student Contract:

By signing below, the Student understands the contents of the Warren Winter Percussion Ensemble 2019/20 Packet (including the grading policies) and the WCHS Student Handbook.

Student Signature: _____ Date: _____

Parent/Guardian Contract:

The Parent/Guardian agrees that the Student and the Parent/Guardian will follow these regulations for the good of the entire organization. The Parent/Guardian accepts full responsibility in giving permission for the Student to travel and participate with the Warren Central Winter Percussion in all activities during the 2019/20 season. Activities include, but are not limited to, rehearsals, performances, and team building events. Permission will NOT be granted to any student wishing to drive to or from competitions.

The Parent/Guardian agrees to pay the \$200 membership fee* and all required fees as scheduled so the Student will be allowed to participate in the 2019/20 Warren Winter Percussion Group. The Parent/Guardian agrees that failure to pay the total fee for the Student will result in actions to be taken by Warren Central High School or the Warren Performing Arts Association to collect said fees. The Parent/Guardian will be held responsible for any additional costs (i.e. late fees, NSF charges, collection agency, and court costs) incurred for any actions taken to collect this debt.

REFUNDS & MEMBERSHIP WITHDRAWAL: The Parent/Guardian accepts financial responsibility for the Membership Fee as outlined in the payment schedule. Through January 6th, a Student that withdraws from the program is financially responsible for the payments that were due at the date-of-withdrawal. For example, if a student withdraws January 4th, they are still responsible for the December 15th payment. **ANY MEMBER TO WITHDRAWAL FROM THE GROUP ON OR AFTER January 4th, 2017 IS RESPONSIBLE FOR THE FULL SEASON'S FEE.**

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Warren Township Student Parent/ Family Information Sheet

Student & Parents must complete ALL PARTS this form and return it to the director.
Please help us to maintain good communication with you **PLEASE PRINT LEGIBLY**

Student Info:

Student Name (First Middle Last): _____

Current Grade Level: _____ Int. Academy & Middle School Attended: CR RP SB

Mailing Address: _____ Zip Code: _____

Home Phone #: _____ Student Cell Phone #: _____

T-Shirt Size: S M L XL

Parent/ Guardian Info:

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Cell Phone: _____

Parent/Guardian #1 Work Phone: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Cell Phone: _____

Parent/Guardian #2 Work Phone: _____

Email Information*:

Student Email Address: _____

Parent Guardian Email Address #1: _____

Parent/Guardian Email Address #2: _____

Optional/Additional Email Address: _____

**we do not send newsletters/communication through U.S. Mail. All communication will take place through email only. Please Provide email address if possible.*

WARREN CENTRAL Percussion Ensemble MEMBERSHIP FEES

APPLICATION FOR ALTERNATE PAYMENT PLAN

- The personal information for EACH of the student’s custodial parents/guardians is required to be included on this form to be eligible for a payment plan that varies from the dates outlined on the Membership Contract.
- All information on this form will be kept confidential and destroyed once your membership fee is paid-in-full
- Completion of this application is not a guarantee that your suggested payment terms and dates will be accepted.
- Parents/Guardians receiving approval for their application for an alternate payment plan will be notified by Ed Meckes (Performing Arts Department Chair) or by WPAA/MSDWT employee.
- Any breach of an approved alternate payment plan is immediately subject to all conditions outlined on the Member Contract including late fees and dismissal of the student from the group.
- A completed and signed Membership Contract must be included with this application (or on-file in the band office).
- A single change to an approved alternate payment plan may be made at the request of the parent/guardian. The request must be made in writing and will require additional approval by the treasurer or department chair.
- No Final Payment Date* may extend past April 1st, 2020

PRINT CLEARLY PLEASE

Student Name: _____ Student Grade Level: _____

Student Birthdate: ____ / ____ / ____

In this section, please choose a payment option AND outline the payment plan that you wish to use.

- OR -

Option 1: Specific Dates and Amounts

1st Payment Date: ____ / ____ / ____ 1st Payment Amount: \$ _____

2nd Payment Date: ____ / ____ / ____ 2nd Payment Amount: \$ _____

3rd Payment Date: ____ / ____ / ____ 3rd Payment Amount: \$ _____

4th Payment Date: ____ / ____ / ____ 4th Payment Amount: \$ _____

5th Payment Date: ____ / ____ / ____ 5th Payment Amount: \$ _____

*FINAL Payment Date: ____ / ____ / ____ FINAL Payment Amount: \$ _____

Option 2: Recurring Payment Schedule

\$ _____ to be paid _____ on _____

Dollar amount Weekly / Bi-Weekly / Etc. Day of week / Date of month

With final payment to be made by: ____ / ____ / ____

Date

Additional information required on reverse side of this form

Parent / Guardian #1 (Primary Contact) Information: Full Legal

Name: _____

Home Address: _____ (Street City State Zip)

Home Phone Number: _____ **Cell Phone Number:** _____

Social Security Number: _____ **Driver's License Number:** _____

Employer Name: _____

Employer Address: _____ (Street City State Zip)

Employer Phone Number: _____

Parent / Guardian #2 Information: Full LegalName: _____

Home Address: _____ (Street City State Zip)

Home Phone Number: _____ **Cell Phone Number:** _____

Social Security Number: _____ **Driver's License Number:** _____

Employer Name: _____

Employer Address: _____ (Street City State Zip)

Employer Phone Number: _____

Please attach an another sheet if necessary for additional parents/guardians

I certify that I have read, fully understand and agree with the contents of this agreement. I commit to following the alternate payment plan I have outlined and have provided accurate information.

Parent #1 Signature (required) _____

Parent #2 Signature _____

Warren Central Performing Arts Department Permission slip and health form

This permission slip is used to authorize your student to participate as part of the Warren Central Performing Arts Programs. School authorities, parent chaperones, and staff may need to use the medical information provided.

Student Name _____

Mailing Address _____ Zip Code: _____

Home Phone _____ Secondary Phone(s) _____

Email address(es) IMPORTANT! _____

List any allergies _____

Does your child have any health conditions that may limit their participation in any activities? If so, please explain

List any medications your child is taking _____

List any medications your child may **NOT** take _____

May the chaperones/staff provide the following to your child on request? (circle each)

Aspirin	Yes or No	Acetaminophen/Tylenol	Yes or No	Midol	Yes or No
Ibuprofen/Motrin	Yes or No	Pepto Bismol	Yes or No	Saline Sol.	Yes or No
Throat lozenges	Yes or No	Aleve	Yes or No	Peroxide	Yes or No
Cough suppressant	Yes or No	Sudafed	Yes or No	Calergy Lotion	Yes or No
Bee Sting Relief	Yes or No	Sunscreen	Yes or No	Eyedrops	Yes or No

Date of last tetanus immunization, month/year _____ Parent initials _____

Does your child wear contact lenses and/or removable dental appliance? _____

Parent / Guardian Name _____

Parent / Guardian Telephone _____ Work _____ Other _____

List a responsible adult to contact in the event a parent / guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Student's Physician _____ Office Phone _____

Insurance Company _____ Phone _____

Address _____ Policy/Group# _____

Name of insured _____

I hereby grant permission for my child (named herein) to participate in all rehearsals, travel, trips, and activities (involving some water related activities) with the M.S.D. of Warren Township, Warren Central Performing Arts Department, and Warren Performing Arts Association. I understand that this activity does expose my child to the risk of injury or death. I further understand that participation in these trips will involve activities off of school property and that neither the M.S.D. of Warren Township nor its employees will have any responsibility for the condition of non-school property.

Furthermore, if immediate observation or treatment is urgent in the judgment of school authorities, I authorize and direct the school authorities to send my child, properly accompanied, to the hospital, doctor, or dentist most accessible. I further agree to reimburse the M.S.D. of Warren Township and/or Warren Performing Arts Association for any medical expenses that may be incurred by my child while they are participating in these activities.

Parent/Guardian Signature _____ **Date** _____

