

Student Name (Please Print): _____

Signature Page and Band Camp Payment

In conjunction with completing the online Band and Guard Registration Form, this “Signature Page” must be signed by a parent/guardian of the Ramsey Band and Guard Student **before** your student can participate.

Please mail this form along with a check made payable to the Ramsey Band and Guard Parents Association in the amount of \$375 for band members (This includes an \$84 dry cleaning fee for uniforms, \$20 UDB drill learning app fee, and fees for food and additional staff at band camp). For guard members, the fee is \$300 as they have uniforms that can be cleaned at home (This fee includes the \$20 for the UDB drill learning app as well as hair and make-up products for the season, food and additional staff for band camp). Please have your forms and fees to Mrs. Barrett by July 15th, 2024.

****If you ordered shoes during registration, please add \$34 to your total= \$409****

BAND CAMP
c/o Carolyn Barret
77 Shadyside Road
Ramsey, NJ 07446

Performance Permission Slip:

I grant permission for my child to accompany the RAMSEY HIGH SCHOOL BAND AND GUARD on all field trips and performances for the 2024/2025 school year. These trips occur according to the published schedule. I understand that the following is school policy:

If a student misses a class, they are responsible for all work missed on the day of the field trip. All previously assigned work (homework, tests, quizzes, papers) is due on the day following the field trip.

The school nurse does not accompany students on field trips. Therefore, if a child must take medication for a life-threatening illness, you must contact the building principal or school nurse at least 2 school days in advance to determine if special arrangements can be made for your child.

Medical Release:

In the event of an accident, injury, sickness, etc., I hereby give my permission for any and all medical attention necessary to be administered to my child. In the event that any staff or chaperones suspect that my child is under the influence of alcohol or any drug, I hereby give my permission to have medical personnel conduct an alcohol/drug screen to determine the presence of any such substance(s). I also hereby assume the responsibility for payment of any such treatment or testing.

Student Name: _____

Guardian Name: _____

Guardian Signature: _____

Date: _____