



Rebecca Fox
 Head Director
 Pride of Rochester Marching Band
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Dear RCSD Families,

Thank you for your interest in the Rochester City School District’s “Pride of Rochester” Marching Band and Color Guard! Below please find some additional information about our program.

Rehearsals will take place at East High School (1801 E. Main Street) from 9:00 am – 12:00 pm on Saturdays.

Sept:	16, 23, 30	Jan:	6, 20, 27	May:	5, 12, 19, 28
Oct:	7, 13, 14, 21	Feb:	3, 10	Jun:	2, 9, 16
Nov:	4, 18	Mar:	7, 14, 21, 28	Jul:	Summer Break
Dec.	9, 16	Apr:	14, 21, 28	Aug:	27-31 (Band Camp)

We also have a number of exciting performance opportunities throughout the year – dates and times TBD.

If you would like to participate

- please complete the following application and submit in person at the beginning of a rehearsal, via e-mail or mail
- come to a rehearsal and complete the application in person

We look forward to working with you this year to continue building the RCSD “Pride of Rochester” Marching Band tradition!

Frequently Asked Questions

Is transportation provided?

Yes, bus passes are available to students for transportation to and from rehearsals and performances.

I have never played an instrument before, can I participate?

Yes, we are looking for students interested in learning – including beginners.

I have never participated in a color guard before, can I participate?

Yes, we are looking for students interested in learning! You do not need to have flag or dance experience.

Will I have to pay for my uniform?

No, uniforms will be provided by the program.

Sometimes I have scheduling conflicts on Saturday, can I participate?

We understand that schedules are busy. Please speak with Rebecca Fox, Head Director (288-3130) or Alison Schmitt, Assistant Director (262-8888) to discuss your unique situation. We are happy to develop an attendance plan that works with your schedule.

Do I have to be a currently enrolled student in the Rochester City School District?

Yes, all participants must attend a currently attend a Rochester City School.

RCSD "Pride of Rochester" Marching Band & Color Guard Application

Student Name: _____

School: _____ Grade: _____

RCSD Student ID Number (890...): _____

I would like to participate in the: (circle one)

Marching Band

Color Guard

I play the following instruments:

*Please note: you do not need to have previous musical experience to participate.

STUDENT CONTACT INFORMATION

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Student E-mail Address: _____

Student Cell Phone Number: _____

EMERGENCY CONTACTS

Emergency Contact #1 (Primary Caregiver)

Emergency Contact Name: _____

Relationship: _____

Home Telephone: _____ Cell Phone:

Parent E-mail Address: _____

Emergency Contact #2

Emergency Contact Name: _____

Relationship: _____

Home Telephone: _____ Cell Phone:

Parent E-mail Address: _____

Emergency Contact #3

Emergency Contact Name: _____

Relationship: _____

Home Telephone: _____ Cell Phone:

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Parent E-mail Address: _____

PARTICIPATION CONTRACT

Together we can ensure that the RCSD “Pride of Rochester” Marching Band and Color Guard will be an educational and musical experience. Please carefully read the expectations below for teachers, parent(s)/guardian(s), and students.

Teacher Expectations

Teachers are expected to:

- create and implement sequential, relevant, and engaging lessons to prepare students in Marching Band and/or Show Choir
- interact respectfully with students and parents
- arrive 15-30 minutes before the program starts and until all students have been dismissed

Parent(s)/Guardian(s) Expectations

Parent(s)/Guardian(s) are expected to:

- communicate regularly with staff
- actively participate – attend performance(s)

Student Expectations

Students are expected to:

Participation

- actively participate and be ready to learn
- interact respectfully with peers and adults
- follow all directions from adults
- assist with keeping our facilities and resources organized and clean

Attendance

- attend all rehearsals and performances on time
- contact Rebecca Fox or Alison Schmitt if you are going to be late or absent

We understand that failure to meet any of these expectations may result in dismissal from the program.

Parent/Guardian Signature

Student Signature

TRANSPORTATION

I give permission for my child, _____, to be dismissed by one or more of the following ways (please check one or more lines):

My child has permission to walk home following the Districtwide Music Program.

My child has permission to ride the RTS bus to and from the Districtwide Music Program.

My child will be picked-up/dropped-off by the following people (please list first and last names):

Parent/Guardian Signature

LEGAL RELEASE

As the parent/guardian of the below named student, I hereby permit him/her to engage in all marching band activities, after-school and weekend events and rehearsals both on and off RCS D property conducted by the public schools and at my risk. If, at any time, I deem that the continuance of this permission is inadvisable, I must notify either the Head Director (Rebecca Fox) or Assistant Director (Alison Schmitt) in writing. I have read the policy of the City School District concerning accidents printed below on this form and agree to allow my child to participate in all 2017-2018 RCS D Marching Band and Color Guard events under these conditions.

Parent/Guardian Signature

MEDICAL CONSENT FORM

Student Name	Date of Birth
Doctor's Name	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

STUDENT'S HEALTH STATUS

Does your child have any current health problems? (Please check all that apply and tell us about them):

- | | |
|---|--|
| <input type="checkbox"/> Allergies (that requires emergency medicine) | <input type="checkbox"/> Asthma/Breathing problems |
| <input type="checkbox"/> Cardiac (Heart) problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bones or Joints |
| <input type="checkbox"/> Bee Sting (that requires emergency medicine) | <input type="checkbox"/> Other problems? _____ |
| <input type="checkbox"/> Dietary Restrictions (List: _____) | |

Please tell us more about the problem(s)

I give permission to a physician or hospital to secure proper treatment including (but not limited to) medications, injections, anesthesia, or surgery for my child as named above.

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid when necessary. I understand that I will be responsible for the cost of all medical treatment rendered in connection with the trip.

Parent/Guardian Signature

Date



Rochester City School District
PHOTO RELEASE FORM

Please check one:

YES, I consent to the use of my child's name, photo, and/or video image for publicity purposes by the Rochester City School District or other organization as designated by the District.

NO, I do not want the use of my child's name, photo, and/or video image for publicity purposes by the Rochester City School District or other organization as designated by the District.

Parent/Guardian Signature