

# EMERALD KNIGHTS SUMMER CONTRACT 2017



\*Student Name: \_\_\_\_\_

\*I'm interested in joining the CYO Marching Band: *Check all that apply.*

Color Guard (Previous color guard experience: \_\_\_\_\_)

Brass/Woodwind Section (Specify marching instrument(s): \_\_\_\_\_)

Drum Line (Percussion) (Previous marching instrument(s): \_\_\_\_\_)

\*Grade (Fall 2017): \_\_\_\_\_ \*Age (as of May 24<sup>th</sup>, 2017): \_\_\_\_\_

\*School Attending (Fall 2017): \_\_\_\_\_

\*Parent Name(s): \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*Home Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Previous years marching with CYO: \_\_\_\_\_ Which section(s)?: \_\_\_\_\_

\*T-shirt Size (adult sizes only): \_\_\_\_\_ Dress Shoe Size: \_\_\_\_\_

## Student:

By signing below, I understand the commitment I am making to the CYO Emerald Knights Marching Band Program, its members and directors. *I understand that our ensemble success depends on the full attendance and participation of **all** members and that excessive or unannounced absences may be grounds for my dismissal from the ensemble.* I will do everything in my power to attend all rehearsals, to be on time and to memorize my music in a timely manner. In the chance that I am unable to attend a required rehearsal I will make every effort to contact my section leader, one of my drum majors or staff members/directors. I will schedule work and social activities around the summer band schedule, so they will not conflict. I realize that I am fully committed to participate for the entire season and I will be fitted for a uniform.

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

## Parent/Guardian:

By signing below, I understand the commitment that my student is making to the CYO Emerald Knights Marching Band Program. I will do everything that I can to ensure that my student attends and is on time to all rehearsals. *I understand that the ensemble's success depends on the full attendance and participation of **all** members and that excessive or unannounced absences may be grounds for my student's dismissal from the ensemble and forfeiture of all monies paid.* I will make sure that my student practices at home and memorizes their music in a timely manner. If I have time, I will volunteer to assist other band parents in helping our students at rehearsals and performances. I realize that my student will be fitted for a uniform and is fully committed to participate for this season. I also agree to pay a \$50.00 commitment fee that will go toward my student's summer fees. If after I turn this signed contract in with the \$50.00 fee, my student decides not to participate, the fee will not be refunded.

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

***Please sign and return immediately with \$50.00 commitment fee***

**Emerald Knights 2017**  
**Activity and Travel Waiver**  
*Please fill out and return with summer contract*



As the parent / legal guardian of \_\_\_\_\_ (print student name), I authorize the Catholic Youth Organization Emerald Knights Summer Marching Band, the CYO Band Board of Directors, and any official agent thereof to transport the above-named student for any and all program-related functions throughout the 2017 Emerald Knights season (January 1, 2017 – December 31, 2017), including the scheduled overnight performance tour. I understand that color guard and marching band are physical activities and that the rehearsals will be of a physical nature. In addition, I understand that from time to time, the students will be taking on various recreational and team-building activities. I understand that the above student will be appropriately chaperoned for all activities. I hereby release the Catholic Youth Organization Emerald Knights Summer Marching Band, the CYO Band Board of Directors, and any official agent thereof from liability in the event that the above student sustains injury during the normal course of rehearsal, performance and recreation with the program, provided the student has consented to such activity.

\_\_\_\_\_, 2017  
Parent/Guardian signature Date

\_\_\_\_\_  
Print Parent/Guardian name

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*For Office Use Only*

Fees:

- Deposit (\$50) – Due May 24<sup>th</sup> (Check #: \_\_\_\_\_)
- Full Fee (\$275 total - \$50 deposit = \$225 remaining) – Due June 14<sup>th</sup> (Check #: \_\_\_\_\_)
- Equipment Fee (\$25) – Due June 14<sup>th</sup> OR (Check #: \_\_\_\_\_)
- Not Applicable (Using personal instrument)

Forms:

- All Required Information Complete on Contract
- Contract Signed by Student
- Contract Signed by Parent
- Travel Waiver Signed
- Medical Form Complete