



## 2018-2019 Southside High School Band

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Prospective Southside High School Band Members and Families:

We are pleased to send you an invitation to become a member in the **2018-2019 Southside High School Tiger Pride Band Program!** We have an exciting year planned for you with marching band, symphonic band, jazz band, individual competitions, small group competitions, social events, and much more!

Please read and return the required commitment and information forms to the Southside High School Band Room no later than **April 16** to reserve your spot in the band program. You may view the band camp schedule below and all other rehearsals at [www.southsidebands.org](http://www.southsidebands.org).

Parent involvement is a necessity for a competitive season. If you have any skills or talents, please let us know!! We have many areas where you can help the band!!

There will be an information meeting for all current and future band parents on **April 16 at 6:00 pm** in the Southside HS band room. We will discuss the upcoming school year and summer activities.

Students that are on the Varsity Football, Varsity Cheerleading, Varsity Volleyball, or Varsity Tennis teams that would still like to be members of the Symphonic Band should complete the forms and be in contact with coaches and Mr. Tillman.

If you have any questions regarding the Southside High School Band Program, please feel free to contact Mr. Tillman at any time.

We look forward to having **YOU** as a member of the 2018-2019 Southside High School Band!

Musically Yours,

Mr. Joshua Tillman  
Director of Bands, Southside High School  
Office Phone: 864.355.8780  
Email: [jtillman@greenville.k12.sc.us](mailto:jtillman@greenville.k12.sc.us)  
[www.southsidebands.org](http://www.southsidebands.org)

***“Be at the right place, at the right time, with the right equipment, and the right attitude, ready to do a SUPERIOR job!” – SHS Band Motto***

**PLEASE RETURN THIS ENTIRE PACKET NO LATER THAN April 16**

*Keep this page*

Student Name \_\_\_\_\_  
Parents Initials \_\_\_\_\_

School Year 2018-2019

## Tiger Pride Marching Band Commitment Form 2018-19

I, \_\_\_\_\_, having been chosen to be a member of the Southside High School Tiger Pride Band, do hereby commit to membership and agree to fulfill all obligations of an Tiger Pride member for the 2018-19 school year. This includes participating in marching/symphonic band, attending summer/spring band activities (dates included at the bottom), **paying my band fee on time (payment dates are listed at the bottom), being on time and attending all after school rehearsals and performances, memorizing marching drill and music on time, and abiding by all band policies and procedures as well as school and district rules.**

I understand that quitting, being removed for any reason by the director, or failure to fulfill my obligation to the band program in any way will cause me to forfeit my present and future membership as well as any money paid or fund raised.

*In addition, I understand that once I have signed this agreement I am fully expected to participate in band for the entire 2018-19 season and should I choose not to participate at a later date I, and my parents, are fully responsible for still paying my band fee in full according to the dates listed below.*

### **Required Band Camp Dates**

*Schedule summer vacations and appointments around the dates!!!*

*Visit [www.southsidebands.org](http://www.southsidebands.org) under performance calendar)*

#### **PRE-BAND CAMP [Student Leaders, Color Guard, and Percussion]**

July 24 – Band Council Members 10 am – 12 pm

July 24-26 – Student Leaders 1pm – 6pm

July 24-26 – Colorguard, Percussion 1pm-8pm

#### **BAND CAMP [REQUIRED FOR ALL BAND MEMBERS]**

July 30 – August 3            8:00am – 6:00pm

August 6 – August 10       8:00am – 6:00pm (Exhibition and Cookout – Aug 10 - 6:00pm)

August 14, 16                5:00pm – 8:00pm

#### **Band Fee Due Dates**

Payment 1        \$25        May 1, 2018

Payment 2        \$75        June 1, 2018

Payment 3        \$75        August 21, 2018

Payment 4        \$75        September 21, 2018

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**RETURN NO LATER THAN MONDAY, APRIL 16  
PLEASE ENCLOSE \$25 NON-REFUNDABLE DEPOSIT TO RESERVE YOUR SPOT!**

Student Name \_\_\_\_\_  
Parents Initials \_\_\_\_\_

School Year 2018-2019



## 2018-2019 Southside High School Band Student Information

**PLEASE ANSWER & PRINT ALL INFORMATION REQUESTED**

### I. STUDENT INFORMATION SECTION

\_\_\_\_\_  
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

\_\_\_\_\_  
(HOME STREET ADDRESS) (STATE) (ZIP CODE)

\_\_\_\_\_  
(HOME PHONE NUMBER) (YOUR CELL PHONE NUMBER)

\_\_\_\_\_  
(YOUR EMAIL ADDRESS) (YOUR T-SHIRT SIZE)

\_\_\_\_\_  
(DATE OF BIRTH: MONTH / DATE / YEAR) (GRADE FOR 2018-19)

Circle One: MALE  
or  
FEMALE

### II. MOTHER'S INFORMATION SECTION

\_\_\_\_\_  
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

\_\_\_\_\_  
(WORK NUMBER) (HOME NUMBER) (CELL NUMBER)

\_\_\_\_\_  
(HOME STREET ADDRESS) (STATE) (ZIP CODE)

\_\_\_\_\_  
(EMAIL ADDRESS) (OCCUPATION)

\_\_\_\_\_  
(DATE OF BIRTH: MONTH / DATE / YEAR)

### II. FATHER'S INFORMATION SECTION

\_\_\_\_\_  
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

\_\_\_\_\_  
(WORK NUMBER) (HOME NUMBER) (CELL NUMBER)

\_\_\_\_\_  
(HOME STREET ADDRESS) (STATE) (ZIP CODE)

\_\_\_\_\_  
(EMAIL ADDRESS) (OCCUPATION)

\_\_\_\_\_  
(DATE OF BIRTH: MONTH / DATE / YEAR)

Student Name \_\_\_\_\_  
Parents Initials \_\_\_\_\_

School Year 2018-2019

## Southside High School Band Permission Form

### Section 1: Permission to Participate/Travel

My son/daughter \_\_\_\_\_ has my permission to participate in the activities of the Southside High School Band. These activities include rehearsals, performances, and transportation to and from performances. Performances will include football games, parades, contests, concerts, and other events at the request of the director and/or principal.

### Section 2: Emergency Contact Information

Parent Name(s) \_\_\_\_\_ Parent Home Number \_\_\_\_\_  
Parent Cell Number \_\_\_\_\_ Parent Work Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
Email Address(es) \_\_\_\_\_  
Student's Primary Doctor (name, phone, address) \_\_\_\_\_

Insurance Information (Carrier Name, ID#, Group #, Policy #, phone):  
\_\_\_\_\_

Please list at least one other person that we can try to contact, if we cannot reach you during an emergency.

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Section 3: Medical Limited Power of Attorney

If a serious emergency arises, it may be necessary for a physician to attend to your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following **AUTHORIZATION FOR MEDICAL TREATMENT.**

**I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter \_\_\_\_\_ gets whatever medical treatment necessary in case of sickness or accident.**

### Section 4: Emergency Medical Information

If your child's information changes, **please** be sure to update this form.

Date of birth: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

List any medical history that your child may have. Please include dates.  
\_\_\_\_\_  
\_\_\_\_\_

List any surgeries that your child has had. Please include dates:  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies that your child may have. Please include allergies to medicines, insects, and food or contact allergies.  
\_\_\_\_\_  
\_\_\_\_\_

List any medicine prescribed by a doctor that your child is currently taking. Please include the name, the dosage, and the frequency that the medicine is taken. \_\_\_\_\_  
\_\_\_\_\_