



# BAND PARENT ASSOCIATION

65 Glen Road, PMB 225, Garner, NC 27529

## WJHS-BPA 2021-2022 Payment Schedule and Informational Sheet

Student's Name \_\_\_\_\_ 2021-2022 Grade \_\_\_\_\_

Student's Shirt Size: XS \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_ XXXL \_\_\_\_ List Instrument or Guard \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_ Student's Cell Phone # \_\_\_\_\_

I (we) understand and agree that from time to time our contact information will be shared with the BPA for improved communication purposes. (The BPA does not provide any contact information to outside vendors or other organizations.)

### Financial Responsibilities of the WJHS Band Parents Association

The WJHS-BPA is responsible for providing the majority of the funding necessary for equipment, music, additional instruction and travel expenses for our students. This is accomplished through our Incidental Expenses Program and General Fundraising efforts. *Each family is asked to participate in both the Incidental Expenses Program and the General Fundraising efforts.*

### Incidental Expenses Program:

I (we) understand that the WJHS-BPA asks the families of each student to participate in the Incidental Expenses Program through direct contributions **and/or** participation in designated fundraisers. The Incidental Expenses Program provides the majority of our funding. I (we) acknowledge that information about the WJHS-BPA Incidental Expenses program has been shared with me (us) and that I (we) understand that Incidental Expenses account information will be provided regularly and upon request. I (we) understand that there are ongoing opportunities to earn the Incidental Expenses contribution through designated fundraisers. I (we) also understand that I (we) will be asked to cover additional student's expenses incurred outside the Incidental Expenses program such as meals, shoes, personal undergarments, Winter Guard, Winds, and Concert Band. **I (we) understand that in order for a student to have a slot in the fall marching show, the May 11th payment must be paid.**

Once a contract has been signed and payments made, no refunds will be issued should a student decide to not participate any further. If participation is ceased due to medical reasons (with documentation provided by a medical professional) the board may review the decision to issue a refund.

The Incidental Expenses payment schedule for 2021-2022 is as follows:

\$255 May 11 <sup>th</sup> (includes \$50 uniform fee)
\$200 June 11 <sup>th</sup>
\$200 July 11 <sup>th</sup>
\$200 August 11 <sup>th</sup>
\$200 September 11 <sup>th</sup>

Signature indicates acknowledgement of the above information and that the BPA handbook has been received and read in full with full understanding that all policies, procedures and rules laid out in the BPA handbook are to be adhered to by all students and parents and will be enforced by the WJHS band director and staff.

Mother/ Guardian Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

Father/ Guardian Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent and/or Legal Guardian Information 2021-2022

STUDENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S ADDRESS (if different from student) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU AGREE TO BE A PART OF THE BPA? If so, Sign Here \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S ADDRESS (if different from student) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU AGREE TO BE A PART OF THE BPA? If so, Sign Here \_\_\_\_\_

### Volunteering with WJHS BPA - we would love to know your interests!

Place an **M** (Mom), **D** (Dad), or **G** (Guardian) by the area(s) below to indicate your interest.

**Ways and Means and subcommittees** – Coordinates all fundraising activities including:

- |                           |                                 |                   |
|---------------------------|---------------------------------|-------------------|
| - Cleveland Celebration   | - Mule Days                     | - Compass Classic |
| - Reverse Raffle          | - 50/50 Raffle                  | - PNC             |
| - Apparel                 | - Band Camp                     | - Winterfest      |
| <br>                      |                                 |                   |
| - Travel                  | - Guard Uniforms/Flags          | - Chaperone       |
| - Instrumentalist Uniform | - Historian(photo/video)        | - Guard           |
| - Drive Bus               | - Prop Construction             | - Hospitality     |
| - Medical/First Aid       | - Communication(Social Media)   | - CDL License     |
| - Event Set Up/Decorating | - Transportation/Props/Pit Crew |                   |

**~EVERY BPA MEMBER IS REQUIRED TO PARTICIPATE IN THE ACTUAL GENERAL FUNDRAISERS~**

**\*\*All members are encouraged to fill out the Johnston County Public School Level II Volunteer form at the beginning of the school year. In order to chaperone, you must be a Level II Volunteer.**



# BAND PARENT ASSOCIATION

65 Glen Road, PMB 225, Garner, NC 27529

## JOHNSTON COUNTY SCHOOLS Field Trip Parental Agreement and Permission Form Fall Marching Band

May 11, 2021

Dear Parents(s) or Guardian(s):

Please see back of page for list of 2021-2022 Band Trips

Teacher Signature(s): Lucas Meade

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### Field Trip Permission Slip

By signing this form and giving permission for my child to go on the field trips, I make it known that I am aware of the risks associated with this field trip and hereby release the school board and its employees, agents, and volunteers from all liability for accidental injuries incurred due to the negligence of my child or third parties not associated with the school system. Therefore, I understand that I have a duty to make sure that my child is aware that he/she should exercise the utmost care on the trip, that he/she should stay with his/her group, and that he/she must follow the instructions of his/her teacher or chaperone closely. Furthermore, in my absence, I authorize the official chaperone to sign for all medical needs that may arise. I will assume financial liability and give my permission for treatment to any appropriate agency.

Child's Name \_\_\_\_\_ Home Telephone/Cell \_\_\_\_\_

Work Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Physician Name & Phone Number \_\_\_\_\_

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



## **2021/22 Marching Band Activities**

**\*\*\*ALL DATES ARE SUBJECT TO CHANGE\*\*\***

<b>Date</b>	<b>Summer Activities</b>
July 5th	Cleveland Parade
<b>Date</b>	<b>Band Camp at West Johnston High School</b>
July 22-23	Leadership Camp
July 26-30	Leadership/Percussion/Guard Camp
July 26-29	Rookie Band/Guard Camp (9am-12 Noon)
August 2-12	Band Camp Week 1 and 2
August 28 <sup>th</sup>	Mini Band Camp (Possible)
<b>Date</b>	<b>Parades during School Year</b>
Sept 25 <sup>th</sup>	Mule Days Parade (10 AM)
Dec 3 <sup>rd</sup>	Benson Christmas
<b>2021</b>	<b>WJHS Fall Competitions</b>

<b>Date</b>	<b>Location</b>
Sept 18 <sup>th</sup>	JoCo Preview
Sept 25 <sup>th</sup>	Cleveland Competition
Oct 2 <sup>nd</sup>	Marching Comp TBD
Oct 9 <sup>th</sup>	Compass Classic (Home Show)
Oct 16 <sup>th</sup>	Marching Comp TBD
Oct 23 <sup>rd</sup>	Corinth Holders Competition
Oct 30 <sup>th</sup>	Marching Comp TBD (Havelock)



# BAND PARENT ASSOCIATION

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## West Johnston High School Band Medical Treatment Permission Form: 2021-2022

Student's Name: _____		Date of Birth: _____	
Mailing Address: _____		City/State/Zip: _____	
Student's Home Phone #: _____		Student's Cell Phone #: _____	
Mother's Name: _____		Mom's Work Phone #: _____	
		Mom's Cell Phone #: _____	
Father's Name: _____		Dad's Work Phone #: _____	
		Dad's Cell Phone #: _____	
Instrument: Marching: _____	Concert: _____	or Guard: _____	2021/22 Grade: _____

I the undersigned, being the parent, legal guardian, or legal next-of-kin of the above named student hereby authorize any necessary treatment for this person while participating in the West Johnston High School Band, Guard, and Ensembles. I also guarantee payment of all charges incurred during the treatment (ambulance, physician, hospital, x-ray, laboratory, medications, etc.). In regard to such person, I submit the following pertinent information:

Student's Name: _____	
Allergies (medication and/or food): _____	
Special Medical Needs: _____	
Current Medications (including Vitamins): _____	
Date of last Tetanus Shot: _____	
Physician Name and Phone #: _____	
Medical Insurance Coverage: _____	
Subscriber's name and Policy #: _____	

The parent or guardian will **always** be the first person attempted to contact. If unavailable, please provide two emergency contacts (not parents) that we will be able to contact for your child(ren).

Emergency Contact (primary) Name: _____		Relationship: _____
Phone Numbers: Home _____	Work _____	Cell _____
Emergency Contact (secondary) Name: _____		Relationship: _____
Phone Numbers: Home _____	Work _____	Cell _____

### SIGNATURE OF PARENT OR LEGAL GUARDIAN (REQUIRED)

Signature _____	Relationship _____	Date _____
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# West Johnston High School Band Parent Association Scholarship Request Form

Scholarship funds are set up on a need basis. Please complete this form to the best of your ability for consideration.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emails: \_\_\_\_\_

IE Amount requested \$ \_\_\_\_\_

Funds requested to pay for: (Circle all that apply)

Marching Band

Winter Guard

Jazz Band

Briefly, explain your needs and financial situation: \_\_\_\_\_

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Are you willing/able to participate in any of our band fundraising events?  
(Compass Classic, Winterfest, Mattress Fundraiser, Turkey Shoot, Reverse Raffle)

Yes    No    I need more information



# West Johnston High School Band Parent Association Scholarship Request Form

Are you willing/able to participate in any of our band fundraising programs?  
(ex: grocery cards, shop with scripts, Amazon Smiles, PNC concession stand)

Yes    No    I need more information

Would a payment of any kind be possible toward the band student's I.E?

Yes                      Not at this time.

(if Yes, please indicate amount) \$ \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Band Director Signature: \_\_\_\_\_

Scholarship Approval

BPA President: \_\_\_\_\_





# Band Parent Association

65 Glen Road, PMB 225

Garner, NC 27529

## PNC Volunteers

WJHS-BPA has been in contract with PNC Arena to provide volunteers for a concession stand as a fundraising organization. We are responsible for staffing the stand at *ALL* of the Hurricanes hockey games and NC State basketball games. Beyond that, we work other events that we choose throughout the year including concerts, seminars and other sporting events. We rely on this stand for our organization, as it brings in approximately \$35,000 a year to the band program (before COVID).

To maintain our contractual obligations, it is vital that we staff the stand every year. Working the games/events is a significant way to earn money toward your child's IE... and it's fun!

You can find more information on our website at <https://www.westjohnstonband.com/pnc>.

**Please complete and return this form with your contract.**

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

**Email:** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Are you interested in working at PNC?? (please circle)**  
**Yes    NO    Maybe (please contact me, I have questions)**

**When would you be available to work?? (please circle)**

- Weekends Only
- Either weekends or weeknights
- Depends on the time.

**Dawn Wrench**  
**PNC Coordinator, WJHS-BPA**  
**919-323-7751**  
**[schedulingpnc@gmail.com](mailto:schedulingpnc@gmail.com)**

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## Instructions for Completing the NCHSAA Student-Athlete Preparticipation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must have a completed NCHSAA PPE and submit it to the school. The PPE is four (4) pages in length and includes the **History Form**, the **Physical Examination Form**, and the **Medical Eligibility Form**.

The PPE **History Form** (pages 1-2) is completed and signed by the parent or legal custodian on behalf of the student-athlete. The completed and signed PPE History Form must then be presented to the examining Licensed Medical Professional (LMP) (physician licensed to practice medicine (MD/DO), nurse practitioner or physician assistant) for review when they fill out the Physical Examination Form.

The completed PPE **Physical Examination Form** (page 3) is signed and dated by the LMP who performed the examination. The physical examination builds on information obtained in the medical history.

The PPE **Medical Eligibility Form** (page 4), which is also signed and dated by the LMP, indicates the student-athlete is either medically eligible or not medically eligible for sports participation.



## Student-Athlete COVID Questionnaire

Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

COVID RELATED QUESTIONS ABOUT THE STUDENT-ATHLETE	YES	NO	NA
1. Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a medical professional, your school, or local health department that you have had to quarantine (stay home) due to concern that you had COVID-19 symptoms?			
2. If the answer to 1 was "Yes", has the required <i>Return to Play Form: COVID-19 Infection Medical Clearance Releasing The Student-Athlete to Resume Full Participation in Athletics</i> been completed?			
3. Have you been fully vaccinated against COVID?			



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex: M/F \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

#### GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form.)

Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

#### HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>





## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>	<input type="checkbox"/>	

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_  
\_\_\_\_\_

☐ Medically eligible for certain sports  
\_\_\_\_\_  
\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_