



## SOUTHRIDGE

### 2024 Marching Band Cover Letter and instructions

Dear Southridge Band Students and Families,

We are very excited to welcome you all to what promises to be a fun, rewarding season and a great experience for everyone!

Included in this packet are all of the forms that are needed to enroll your student(s) in the Marching Band season. ***Please complete these forms and have your student bring them to the first day of band camp at Southridge High School.***

**NOTE:** Everyone who joins will have a place in the ensemble; there will be no cuts. We use the term “audition” only as a means of selecting who will play what instrument in the ensemble. Additionally, it is our policy to never turn away a student due to an inability to pay. If you need financial assistance or need to set up an alternate payment plan, please reach out to any of the contacts below so we can help.

Since all rehearsals will be taking place at Southridge High School, the Southridge Instrumental Music and Dance Ensembles (SIMDE) Board of Directors will be taking the lead with collecting fees, keeping track of paperwork, etc.

If you have any questions about the Marching Band Season, you can reach out to the following:

Kat Chapman, Marching Band Director & Program Coordinator: [kattchapman7@gmail.com](mailto:kattchapman7@gmail.com)

Marne Oyen, SIMDE President: [president@simde.org](mailto:president@simde.org)

Thank you for all that you do. We truly appreciate your support of your students, and we look forward to seeing you this Fall!

Warmest Regards!



SOUTHRIDGE MARCHING BAND  
2024 | Registration and Fees

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**SOUTHRIDGE MARCHING | TUITION FOR FALL 2024**

Tuition for is \$600. Full tuition is due no later than 10/15/24. Tuition helps to cover the cost of show design, instruction, competition fees, a show shirt and other costs/fees. Because student tuition alone is not enough to cover all of the costs associated with the Marching Band season, students will also participate in a fundraiser that will contribute not only toward their tuition, but also provide additional funding that is needed. Please see the attached fundraising form included in the Registration Packet.

ITEM	DATE DUE	AMOUNT DUE
Partial Tuition	08/16/24	\$150
Partial Tuition	09/12/24	\$150
Partial Tuition	09/26/24	\$150
Partial Tuition	10/15/24	\$150
<b>TOTAL DUE ON OR BEFORE 10/15/24</b>		<b>\$600</b>

Optional donation to assist students with financial needs. A separate payment is appreciated to assist with financial record keeping. Thank you!

**Checks Payable To:** SIMDE

**Mailing Address:** 9625 SW 125<sup>th</sup> Avenue, Beaverton, OR 97008

**Payments can also be turned in at weekly Marching Band rehearsals**

**FINANCIAL AGREEMENT**

I understand and accept that Southridge Instrumental Music and Dance Ensembles (SIMDE) have participation fees and members must be in good standing to participate. Members not in good financial standing may not be allowed to participate until such time as payment is received or financial arrangements (payment plan) for student(s) have been requested by me and approved by the Program(s). I acknowledge, by my signature as responsible individual for student, that assessed fees herein are my financial obligation. I further agree to pay fees by required due date(s). In the event my student is over the age-of-majority, I agree to assume financial obligations of age-of-majority participation.

Parent/Guardian Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

*SIMDE is a 501c(3) non-profit corporation supporting Southridge High School Music and Dance Curricular and extra-curricular activities by way of logistics, fund raising and advocacy, including performance and competitive Marching, Orchestra, Concert, Jazz, Pep and Pit bands as well as Color Guard/Dance and Winter Percussion events and activities.*



SOUTHRIDGE MARCHING BAND  
2023-24 | Sponsorship and t-shirt ad sales

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

Ads and messages will be screen printed on the back of all 2024 Southridge Marching Band show shirts. The proceeds benefit the member from which you are purchasing the ad, as well as the Southridge Marching Band General Fund. All donations are 501c(3) tax deductible. Thank you for your support!

**STUDENTS MUST TURN IN ALL ORDERS AND PAYMENTS BY AUGUST 16<sup>TH</sup>**

Orders and payments after this date will not be accepted

**PLEASE MAKE ALL CHECKS PAYABLE TO: SIMDE**

**GOLD LEVEL SPONSOR - \$300 OR MORE (50% to member, 50% to General Fund)**  
*Logo of choice printed prominently on the back of show shirt. Please email artwork to [moyen743@msn.com](mailto:moyen743@msn.com) no later than January 21<sup>st</sup>. Any images received after this date will not be included.*

**SILVER LEVEL SPONSOR - \$150 (50% to member, 50% to General Fund)**  
*Logo of choice printed on the back of show shirt. Please email artwork to [moyen743@msn.com](mailto:moyen743@msn.com) no later than January 21<sup>st</sup>. Any images received after this date will not be included.*

**BRONZE LEVEL SPONSOR - \$75 (\$40 to member, \$35 to General Fund)**  
*Have a personal message printed on the back of the show shirt. (Maximum 50 characters)*

Text: \_\_\_\_\_

Yes, I would also like to order an additional Southridge Marching Band show shirt! *(Payable by cash or check)*

SIZE	PRICE	QUANTITY	AMOUNT
S	\$30		
M	\$30		
L	\$30		
XL	\$30		
XXL	\$30		
<b>TOTAL:</b>			

**TOTAL AMOUNT ENCLOSED FOR ORDER:** \_\_\_\_\_

**Business Contact Information:**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**



SOUTHRIDGE MARCHING BAND 2024  
CONTACT INFORMATION

**STUDENT NAME:** \_\_\_\_\_

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**STUDENT INFORMATION**

**Beaverton School District ID#:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

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

\_\_\_\_\_

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**PRIMARY PARENT/GUARDIAN INFORMATION**

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Check Here if Same Address as Student:**

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**PRIMARY PARENT/GUARDIAN INFORMATION**

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Check Here if Same Address as Student:**



## SOUTHRIDGE MARCHING BAND

### 2024 | HEALTH INFORMATION AND CONSENT FOR TREATMENT OF A MINOR

**STUDENT NAME:** \_\_\_\_\_

This form may be used in the event your student requires medical attention and you cannot be contacted. If your student's physician cannot be reached, or if a physician feels the student should be treated in an Emergency Room, this completed form will accompany your student. All information on this form will remain confidential and only be used in the event of an emergency.

### HEALTH INSURANCE INFORMATION

**Health Insurance Company:** \_\_\_\_\_ **Policy/Group Number:** \_\_\_\_\_

### STUDENT'S PHYSICIAN INFORMATION

**Physicians Name:** \_\_\_\_\_ **Physician's Phone Number:** \_\_\_\_\_

### STUDENT HEALTH HISTORY INFORMATION

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

**Does Your Student Have Any Allergies? (Food, Medications, Bee Stings, Latex, etc.):** Yes  No

**If Yes, Please Explain:** \_\_\_\_\_

**Does Your Student Have Any Medical Conditions We Should Be Aware Of:** Yes  No

**If Yes, Please List the Condition:** \_\_\_\_\_

**Does Your Student Take Any Prescription Medications?** Yes  No

**If Yes, Please List the Medication and Dosage:** \_\_\_\_\_

**In the event your student is not feeling well and requests non-prescription medication such as ibuprofen, antacid, etc., do you give permission for an adult instructor or chaperone to provide it to them?**

Yes  No  Yes, with the Following Exceptions: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Emergency Contact #1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

### AUTHORIZATION

I, \_\_\_\_\_ certify that I am the Parent/Legal Guardian of \_\_\_\_\_  
(Print Parent/Guardian Name) (Print Student Name)

who was born on (MM/DD/YYYY) \_\_\_\_\_. As such, I hereby authorize Southridge and Beaverton instructors and chaperones who are 18 years of age or older to consent to any normal and/or emergency medical and/or surgical treatment which is deemed advisable if I cannot reasonably be located through the information set out on this form when the student is brought in for treatment.

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



SOUTHRIDGE MARCHING BAND  
2024 | Volunteer help

**Help! We need volunteers throughout the Marching Band season to help everything run smoothly. Please let us know what interests you and we will contact you to see what fits your interests, skills and schedule. Questions? Email us at [president@simde.org](mailto:president@simde.org). Thanks!**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**INDOOR PERCUSSION VOLUNTEER OPPORTUNITIES**

<input type="checkbox"/>	<b>Pit Crew</b>	Help load equipment to be transported to competitions. Assist with moving equipment from our camp setup outdoors to the indoor performance location and back to camp when performance is concluded. Help load equipment after competition is over and unload when we return to school.
<input type="checkbox"/>	<b>Camp Setup</b>	Help with setting up our large tents at our designated camp area outside the competition venue. Help tear down camp at the end of competitions.
<input type="checkbox"/>	<b>Prop Team</b>	Help design and build walls, tarps and other props for competitions.
<input type="checkbox"/>	<b>Equipment Repair</b>	Are you handy and good with tools? We may need you if something needs 'a fixin'.
<input type="checkbox"/>	<b>Uniforms/Costumes</b>	Sewing, organizing uniforms, etc.
<input type="checkbox"/>	<b>Snacks/Water</b>	Donate pre-packaged snacks, bottled water, etc. for the students to have at camp during competitions.
<input type="checkbox"/>	<b>Fundraising</b>	Assist with fundraising needs for the Indoor Percussion season.



SOUTHRIDGE MARCHING BAND  
2024 Liability & Photography Release

STUDENT NAME: \_\_\_\_\_

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## RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

As the Parent/Legal Guardian of \_\_\_\_\_, I understand and agree that participation in this activity, which is physical in nature, has its natural risks. I agree to defend, release from liability and hold harmless the school district, chaperones, employees and volunteers along with the destinations for camps and competitions from any and all claims and liabilities arising out of participation in this activity, except those which result from the sole negligence of the district.

Parent/Legal Guardian Print Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students Over 18 Years of Age:

Print Name: \_\_\_\_\_

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

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## PHOTOGRAPHY RELEASE

I hereby grant permission to Southridge Instrumental Music and Dance Ensembles (SIMDE) to use photographs and images taken at rehearsals, festivals and performances on its website or in its printed materials without further consideration. I understand that my student

\_\_\_\_\_ may be in one of those photos and that pictures placed on a website will be accessible to anyone with internet access and may be used in instructional settings. I also understand that no complete names are posted with these photos on said website. I have read this release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

Parent/Legal Guardian Print Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students Over 18 Years of Age:

Print Name: \_\_\_\_\_

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



SOUTHRIDGE  
2024 MARCHING BAND SCHEDULE

**NOTE:** This is a tentative and fluid schedule. We will communicate any changes when/if they arise. You can check the calendar at [simde.org](http://simde.org) as well. Not noted are possible Friday/Saturday rehearsals and football games.

<b>AUGUST</b> (Band Camp & Rehearsals)			
Date	Time	Event	Location
08/12/24 – 08/16/24	9am – 8pm	First week of Band Camp <b>(First payment due 08/16 - \$150)</b>	Southridge High School
08/19/24- 08/23/24	9am – 8pm	Second week of Band Camp	Southridge High School
8/27/24 8/29/24	6pm – 9pm	Rehearsal	Southridge High School
<b>SEPTEMBER</b> (Tues/Thurs Rehearsals and Competition)			
Date	Time	Event	Location
Every Tues & Thurs	6pm – 9pm	Rehearsal	Southridge High School
9/12/24	End of Day	<b>(Second payment due 9/12 \$150)</b>	Southridge High School
9/26/24	End of Day	<b>(Third payment due 1/26 \$150)</b>	Southridge High School
9/28/24	All Day	Northwest Youth Fall Music Games Show (Clinic Style)	Hillsboro Stadium
<b>OCTOBER</b> (Tues/Thurs Rehearsals and Competition)			
Date	Time	Event	Location
Every Tues & Thurs	6pm – 9pm	Rehearsal	Southridge High School
10/12/24	All Day	Sunset Classic Competition	Sunset High School
10/15/24	End of Day	<b>(Final payment due - \$150)</b>	Southridge High School
10/26/24	All Day	Century Showcase Competition	Hillsboro Stadium
<b>NOVEMBER</b> (Last Competition)			
11/02/24	All Day	NWAPA A-AA CHAMPIONSHIPS	Hillsboro Stadium