



Montville Marching Band Boosters Association

Welcome to the Montville Marching Band from the Montville Marching Band Boosters Association (MMBBA)! We, the MMBBA, are an active parent association that supports the band in every way. If you have a student in the marching band, then you are already members of the MMBBA – please attend our monthly meetings to find out what’s happening and how you can help.

Please understand the importance of this program and the commitment to it. As you may or may not know, full attendance to every camp, rehearsal, and performance is crucial to performing an outstanding and rewarding season. These camps, rehearsals and performances are **mandatory**.

Marching band is probably the single best high school activity your child will participate in. The boosters support the marching band financially, logistically, and most importantly in the stands at competitions!

Financial: *The program has several expenses that are not paid for by the BOE:*

- Show design and creation
- Some competition fees
- Costumes, props, repairs, instruments, equipment, food, etc.

Logistics: *The program requires a significant amount of administrative and physical coordination:*

- Tracking funds, scheduling, fundraising, uniform coordination, end-of-year banquet, Championships event, etc.
- Equipment and props on and off the field (trucks, trailers, set-up, tear down, football games, and competitions)

Details:

- 4-6 -- the number of chances you will have to see your child in competition in 2021
- 4-6 -- the minimum number of volunteer activities each family **MUST** participate in
- Home Competition – all hands are required – Sunday, October 17th

Fees: *see attached Financial Commitment for breakdown:*

- Fall -- \$640 which includes \$100 of home competition 50/50 tickets; \$100 due no later than May 14, 2021, which is the deadline for joining. Payment #2 due on or before June 14th, balance due no later than band camp drop-off in August (please see the breakdown on the next page).
- Refunds: 50% before 6/14/21, no refunds after that date.
- Additional expenses: personal items including shoes, gloves, bodysuits, etc.
- Fundraisers: Home competition, Snap Raise, Dinners to go, etc.

Feel free to email us at: montvillebandboosters@gmail.com with any questions.

Payment Information and Forms Due Checklist

Fee Breakdown:

\$390.00 – Dues (to cover: march wear (sweats and t-shirt), some meals, and other operational costs)

\$100.00 – 50/50 tickets

\$150.00 – Volunteer Bond (see page 4)

Total Fee: \$640.00

All checks made out to MMBBA (**include family name written on the memo line**)

When printing, please print single pages - not double sided and print write clearly

RETURN ALL FORMS TO ANDREA CASSIDY 17 TRACKS COURT TOWACO, NJ 07082

Payment #	Amount	Due on or Before
½ Deposit	\$150.00	May 14, 2021
2	\$150.00	June 14, 2021
3	\$190.00	First Day of Pre-Camp – Aug. 16, 2021
Deposit Form (pg. 4)	----	May 14, 2021
Volunteer Bond Form + Check	\$150.00	June 14, 2021
Participation/Behavior	----	June 14, 2021
Media Consent	----	June 14, 2021
Uniform Contract/Sizing	----	June 14, 2021
MB Order Form	----	June 14, 2021
MB Sweats Order Form	----	June 14, 2021
Band Camp Health Form	----	June 14, 2021
Physical: pages 13-16 RETURN TO MTHS ATHLETIC DEPARTMENT	----	June 14, 2021 ASAP to Athletic Director's Office at MTHS

Refund policy:

Before June 14, 2021: 50% refund

No refund after June 14, 2021, no exceptions. If you do cancel for the season, an email needs to be sent directly to montvillebandboosters@gmail.com before June 14, 2021 for a refund.

****NOTE: if, for whatever reason, the season is cancelled, all monies will be refunded.**

****NOTE: if you would prefer to set up a payment plan, kindly reach out to The Boosters Executive Board at montvillebandboosters@gmail.com**

Marching Band Attire Form

MTHS and Boosters Provide:

Marching Band Members:

- A uniform jacket and pants inside of a garment bag
- Aussie
- White gloves
- Green plume that will be distributed and collected by the staff before and after performances
- Marchwear (sweatpants, sweatshirts, and t-shirts)

Color Guard Members:

- A uniform that is reflective of the show theme and design

Required additional purchases: (see following pages to order)

Marching Band Members:

- Drill Masters \$37.00 - Every band member will be required to have a pair of marching shoes. These are reused every year and can be replaced as needed.

Color Guard Members:

- Shoes \$33.00 - Every guard member will be required to have a pair of guard shoes. They are reused every year and can be replaced as needed.
- Leather Gloves: \$18.00

NEW THIS YEAR: Windbreaker: All band members: \$85.00

Varsity Jacket: Optional and can be ordered at Class Act in Fairfield.

Optional to order:

- Additional T-shirt (parents and members) worn under uniforms (students will only be provided with one): \$15.00 See next page for ordering

Please see and fill out the following forms for all the above. All checks can be made out to MMBBA (with family name written on the memo line).

RETURN ALL FORMS TO:

ANDREA CASSIDY 17 TRACKS COURT TOWACO, NJ 07082



Montville Marching Band Deposit Form

PLEASE PRINT CLEARLY AND SINGLE SIDES

Student Name: _____

Student Address: _____

Student Home Phone: _____

Student Email: _____

Year of Graduation: _____

Instrument: _____ **Color Guard** _____

Parent(s)/Guardian(s) Name: _____

Address (if different from above): _____

Parent(s)/Guardian(s) Cell Phone(s): _____

Parent(s)/Guardian(s) E-mail:

Please include \$150 deposit payment form:

- Check, made out to MMBBA

DUE DATE: May 14, 2021

Volunteer Bond

Volunteer Bond - \$150 check (per family) dated for 10/18/21.

The marching band program is instituting a new practice this season that we are calling the "Volunteer Bond". This is becoming standard practice for extracurricular activities. As you all know this program would not be successful without parent volunteers throughout the season both on and behind the scene. If during the course of the season a parent per family donates their time for a minimum of 6 hrs. either on the pit crew, food service or in any fundraising activity, the check will be returned in December. If, by checking the blue box below, you choose not to donate your time, the check will be cashed and used towards purchasing whatever is needed, our overall budget, or equipment for the band.

Check the box if you would prefer to donate rather than volunteer. If this is the case, please date your check to the present day.

VOLUNTEER NOW! Check all that you are interested in; first come, first serve (please note which family member will be volunteering):

- Props creation
- Pit crew on competition days
- Help with feeding the band
- Coordinate lunch orders for competition days
- Be part of the new parent committee
- Volunteer professional services (CPA, construction, etc)
- Chair or head a committee for the home competition
- Organize and run a fundraiser
- Chaperone busses on competition days
- On call maintenance for band equipment at rehearsals (carts, tractors, etc)
- Other:

NOTE: This is in addition to home competition volunteer hours, an event which is mandatory for all families to participate.

Best way to reach you:

Phone:

Email:

DUE DATE: June 14th

MTHS Marching Band Health Form Band Camp- August 2021

This form must be filled out and returned before June 15, 2020. Please attach a copy of your **health insurance card, front and back.**

Please PRINT LEGIBLY

Student's Name _____ Date of Birth _____

Address _____

Father's Name _____ Mother's Name _____

Home Phone _____ Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Other Emergency number's other the cell _____

Name of Emergency Contact Other than Parent _____

Relationship to Student _____ Phone Number _____

Other Emergency Contact numbers _____

Medical Information (If none write N/A)

Allergies to Medications? List _____

Environmental Allergies (circle) YES NO

Other known allergies be **SPECIFIC** (list) _____

(Please send to camp any medications known to treat specific allergic reactions)

List Medications you will be sending to camp that your child will be taking while at camp _____

Does your child have your permission to take Tylenol while at camp? YES NO

Does your child have your permission to take Advil/Ibuprofen at camp? YES NO

List any important medical history on back of form: IE Diabetes, Epilepsy, Hypoglycemia, prior surgeries, current medical conditions, hospitalizations, etc.

Permission to treat: After all telephone numbers listed above have been called, I authorize emergency medical treatment of my child by a physician.

_____ Date _____

Parent Signature

DUE DATE: June 14th

Montville Township HS Marching Band Participation Contract

I/We are fully aware of all that is involved with joining the Marching Band. As the parent, I give permission for my child to be a member of the Montville Township HS Marching Band. I furthermore give my permission for my son/ daughter to participate fully in all events that are scheduled for the band throughout the year, including all rehearsals, competitions, football games, fundraisers and parades. I/We understand that marching band is a commitment to a team where every member contributes to the success and safety of the entire group. Conflicts are not tolerated.

Student Name: _____

Student Signature: _____

Date: _____

Parent(s): Name: _____

Parent(s) Signature: _____

Date: _____

Behavior Contract

I understand my responsibilities to the organization and promise to conduct myself in an exemplary manner throughout the season. I understand that if I violate any part of this contract, disciplinary action will be taken. I understand that all Board of Education policies pertaining to student behavior will be in effect at every marching band event. I understand that we do not tolerate any use of tobacco, drugs, or alcohol. Any student found to be in possession of any illegal substances (including cigarettes) will be sent home and BOE policies will be followed.

Student Signature: _____

Parent(s) Signature: _____

DUE DATE: June 14th

Media Consent

Part of being involved in the MMBBA is celebrating the progress and achievements of the students as the season progresses. This is a great way to display the hard work and dedication of our students to the community and advocate for the Marching Band program. The boosters continue to build a following on social media, including Facebook, Instagram, and Twitter. Please check **ONE** of the following:

- I consent to have photos with my child/ward's name published on social media or the MMBBA's webpage.

- I consent to have **just** my child/ward's name published on social media or the MMBBA's webpage.

- I do not consent to having either published on social media or the MMBBA's webpage.

Parent/guardian signature: _____

Date: _____

Name printed: _____

Social Media Pages:

Facebook: MTHS Marching Band

Instagram: mthsmarchingband

Twitter: @MTHSMBand

Webpage: <https://www.montvilletwpps.nj.schools.bz/1/Content/424>

DUE DATE: June 14th

Montville Township HS Marching Band

We are proud to represent Montville with the uniforms generously purchased by BOE in 2019. We strive to maintain them in the excellent condition that they are in. To ensure this, the following will be in place:

- Marching Band uniforms are property of the Montville Township BOE. All rules and regulations outlined in the MTHS Student Handbook and District policies apply regarding the use and care of school property.
- All uniforms will live at the school and will not travel home at any point during the season. Hanging racks and a garment bag will be provided. Aussies will be stored in their box above the uniforms. Drillmaster storage will be in their original boxes.
- Students will be issued a uniform number and will be responsible for that number. The number will be listed on the garment bag, uniform jacket, uniform pants, and aussie.
- Students will be responsible for proper care of the uniform while wearing and storing the uniform which includes hanging the uniform properly.
- Students will be responsible for their uniform at all times including if permission is granted by the band director to take off the uniform or change at any event.
- Should a uniform become dirty or soiled during the season, it is the responsibility of the student and family to clean the uniform before the next event.
- Students and families are responsible for damage or missing parts of the uniform assigned to them while the uniform is in the student's possession or use. Below are the components and their respective replacement costs:
 - Uniform Jacket \$240.00
 - Uniform Bibbers \$160.00
 - Uniform Aussie \$50.00
- Uniforms will receive a cleaning at the conclusion of the season. The cleaning will be paid for by the school district.

By signing below, I/we acknowledge the policies listed above for Uniforms.

Student Name: _____

Student Signature: _____

Date: _____

Parent(s) Name: _____

Parent(s) Signature: _____

Date: _____

DUE DATE: June 14th

Montville Township HS Marching Band

Uniform Sizing

The uniforms come with a full online management software system that includes the ability to pair students with a uniform. Please provide the following information for the uniform sizing process. See the attached instruction sheet for assistance in taking the measurements.

Student Name _____ Date _____

Instrument _____ Grade 9 10 11 12

Gender _____

Height _____ feet _____ inches

Weight _____ lbs

Chest _____ inches

Waist _____ inches

Seat _____ inches

Head _____ inches

DUE DATE: June 14th



Montville Township Marching Band Order Form

Name: _____

Section: _____

Drill Masters Shoes: \$35.00 _____ Size: _____ (every band member)

Color Guard Shoes: \$30.00 _____ Size: _____ (all color guard)

Color Guard Leather Gloves: \$18.00 _____ (all color guard)

NEW THIS YEAR!

Windbreaker: All band members must purchase: \$85.00 _____ Size _____

Checks made out to MMBBA

Amount Enclosed: _____ Check Number: _____

Email address: _____

Parents Signature: _____

DUE DATE: June 14th



Montville Township Marching Band Sweats Order Form (Adult sizes only, cost included with dues)

Last Name: _____

Sweatshirt Size: _____

T-shirt size: _____

Sweatpants size: _____

Section or Instrument: (to be printed on sweatshirt) _____

Year of Graduation: _____

Leader? Y N

Optional additional order form for parents or students

Sweatshirt: \$30.00 or T-Shirt: \$15.00 (additional printing, sweatshirt (for parents/guardians only): Pit Crew, Guard Mom, etc. **\$5.00 per item**)

Quantity	Size	Description (t-shirt or sweatshirt)	Additional printing (sweatshirt only)	Sub-total
TOTAL				

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-ray, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. 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, 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 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION	
Height _____ Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____ Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	
Eyes/ears/nose/throat • Pupils equal • Hearing	
Lymph nodes	
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)	
Pulses • Simultaneous femoral and radial pulses	
Lungs	
Abdomen	
Genitourinary (male only)?	
Skin • HSV, lesions suggestive of MRSA, tinea corporis	
Neurologic†	
MUSCULOSKELETAL	
Neck	
Back	
Shoulder/arm	
Elbow/forearm	
Wrist/hand/fingers	
Hip/thigh	
Knee	
Leg/ankle	
Foot/toes	
Functional • Duck-walk, single leg hop	

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third party present is recommended.
 ‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardio Assessment Professional Development Module

Date _____ Signature _____