Registration Checklist!



REQUIRED PAPERWORK & first payment is **due by JULY 12th** so we can prepare for the Board of Health band camp approval. Details, links, updated handbook/documents and forms are posted to the website; www.marchingspartans.com. Forms can be brought to rehearsal or mailed to; OOMPA PO Box 161 Ashburnham MA 01430

Online Registration Form (from the website, click the documents tab OR use the QR code)
Health packet with; most current physical attached (within 13 months of camp with immunization records) and the release/ handbook signatures- after reviewing most recent handbook (posted on website)
Annual CORI Form with COPY of license -all guardians
Annual SORI Form & proof of MMR vaccine -for chaperoning overnight
New parents *ONE TIME ONLY* let us know if you are on file fingerprinted with school or make an appointment and let us know when it is done/sent to AWRSD (directions/ link on website)
OOMPA fees *see details below and reach out to the e-board for flexibility/help as needed

\$ OOMPA Fee Breakdown (reach out to an eboard member for the financial assistance request form) \$

- \$475 Band Camp Includes overnight accommodation and meals from 8/14-8/19
- <u>\$125 Rookie fee (first fall season ONLY)</u> Includes; your new members' Spartans Jacket *(you'll sign off on size and embroidered name)* and a one time shoe fee for our FIRST YEAR marching band members
- <u>\$150 Fall Guard Uniform New costumes every year are sized per member (like dance/gymnastics)</u>

Option 1: Paid in Full by 7/12	Guard	Rookie Guard	Hornline/Percussion	Rookie Horn/Perc			
	\$625	\$750	\$475	\$600			
Option 2:	7/12- \$325	7/12- \$325	7/12- \$325	7/12- \$325			
Payment Plan	8/02- \$300	8/02- \$425	8/02- \$150	8/02- \$275			

There is also a separate <u>\$285 Activity Fee</u> set by AWRSD and paid through their website, due by August 22nd. Do NOT 'register' on the athletic site, it is just a payment. Free and reduced lunch qualifiers can waive this feecontact the central office for information.

Questions? Director, Kris S DeMoura <u>kdemoura@awrsd.org</u>

OOMPA Executive Board

Jenn <u>president@marchingspartans.net</u>, Kim <u>vicepresident@marchingspartans.net</u>, Tanya <u>treasurer@marchingspartans.net</u>, Mindy <u>secretary@marchingspartans.net</u>

Carol atlarge@marchingspartans.net



All members are required to have had a physical examination within the past 13 months prior to the first day of camp, please return this form with a copy of the physical from your doctor's office.

Student's Name:		/ /
(Last)	(First)	Date of Birth
Parent(s) or Legal Guardian		
Guardian 1 Name/Phone/Email:		
Guardian 2 Name/Phone/Email:		
Student Primary Address:		
Medical Insurance Company:		Policy Number:
Alternative Emergency Conta	nct	
Name:	I	Relationship to Student:
Number Home/Cell:		
Name:	I	Relationship to Student:
Number Home/Cell:		
PERMI	ISSION TO ADMINIS	TER MEDICATION
Please check to give permission for *I	or any chaperone to adminis f no medication is checked,	ter the following to my student. none will be given.
Antacid	Tylenol (acetaminophen) 500 mg	Motrin (ibuprofen) 200 mg
Please check off if the student carr	ries one of the following:	epi peninhaler

PLEASE LIST CURRENT MEDICATIONS Health History ~Please check all that apply: AND DOSAGE STUDENT IS TAKING including over the counter and/or prescriptions and Heart/Cardiac topical creams such as icy hot or biofreeze Gastrointestinal am/pm dosage name Respiratory (asthma) Orthopedic Neurological Anxiety/depression Other (please note below) YES ____ NO ____ (if yes, please explain) ALLERGIC TO MEDICATION YES NO (if yes, please explain) ALLERGIC TO INSECT STINGS YES _____ NO ____ (if yes, please explain) OTHER ALLERGIC REACTIONS Please explain any checked areas, or any other health factors that would restrict the student from participating in the activity. This health history is correct to the best of my knowledge. The student listed has permission to engage in all Oakmont-Overlook Marching Spartans activities for the school year unless otherwise noted on this form. I

This health history is correct to the best of my knowledge. The student listed has permission to engage in all Oakmont-Overlook Marching Spartans activities for the school year unless otherwise noted on this form. I hereby authorize The Oakmont-Overlook Marching Spartans Director and/or Chaperone to seek any medical attention deemed necessary at my expense to secure the well-being of the above-named student.

Signature of Parent/Guardian

Date

RELEASE FORM

Ι,		, individually and as a guardian of
covenant and agree with the Oakmont Overlook to indemnify and hold damage, and expense with the program or in the unit of the unit o	th the President, Executive E Music Parents Association, harmless each and every one which may in any way arise use of such facilities; including or to any member of my fa	do hereby, give permission for my child to participate with e purpose of furthering their own interest in music. I, hereby Board, Band Director, Staff, Band Camp Director, members, and any and all related parties, officers, agents, employees, e of them from, and against, all claim, liability, loss, cost, out of or in connection with, the involvement of my child in mg without limitation all claim they or I might have for mily so arising. I do, hereby, further testify as to my child's
I intend this sta	tement to take effect as a sea	aled instrument.
Date	Guardian Signa	ature
Spartans Handbook (up guidelines contained w	ndicate that we have receive odated version on the websit rithin. Furthermore, our sign ments of Marching Band and	cknowled and thoroughly read the Oakmont-Overlook Marching te) and that we fully understand the details, policies, and natures below indicate that we have read, fully understand the consequences of violations of the Handbook, which will
Parent(s)/Guard	dian(s) Name(s):	
Parent(s)/Guard	dian(s) Signature(s):	Date:
Band Member	Name:	
Band Member	Signature:	Date:
Return at rehearsal or i	nail to OOMPA:	

Oakmont Overlook Music Parents Association P.O. Box 161 Ashburnham, MA 01430



Ashburnham-Westminster Regional School District Office of the Superintendent 11 Oakmont Drive, Ashburnham, MA 01430 (978) 827-1434 (978) 827-5969 fax

Criminal Offender Record Information (CORI) Acknowledgement Form

Prospective or Employee/Volunteer Position	_

The Ashburnham Westminster Regional School District is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and volunteer applicants. As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Ashburnham Westminster Regional School District. to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Ashburnham Westminster Regional School District with written notice of my intent to withdraw consent to a CORI check. I also understand, that The Ashburnham Westminster Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me.

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

* Last Name:	First Name: _		_ Middle Initial:	Suffix (Jr., Sr., etc.):						
* Former Last Name:	Date	of Birth:	Place of Birth:							
*Last SIX digits of SSN:	xxx	Driver's License of	r ID Number:	State of Issue:						
* Sex:	Height: ft	_ in. Eye Color:	Race	e:						
* Father's Full Name:										
* Mother's Full Name:										
		Current Add								
* Street Address:										
				_*Zip:						
		Former Add	ress							
* Street Address:										
				_*Zip:						
	Signature Er	nployee/Volunteer/C	Contractor (Prospe	ective/Current)						
*Employee/Volunteer/Co By signing above, I provide Form is true and accurate.	le my consent to a CORI		ge that the informa	Date tion provided on this Acknowledgement						
CORI Authorized Emplo The identity of the CORI			f government issue	d photographic information:						
Driver License	State ID	Passport	Military ID	Other						

Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on													SOR	B USE O	INLY						
this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970,																					
along with a self-addressed stan																					
provide a report that includes the following information: whether the																					
person identified is a sex offender with an obligation to register, the																					
offense(s) for which the offender was convicted or adjudicated, and the																					
date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders																					
required to register and finally classi	fied by t	he Boa	ırd as o	ı level i	2	-															
(moderate risk) or level 3 (high risk)						-															
is not available to the public if the ide risk) offender or if he/she has not yet						- 1															
Board.	occa jin	any en	assyn			-															
Allto-shall beded		-64				-															
All requests shall be recorded and assist or defend in a criminal pros			ntial,	except	to																
Requestor's name:AWRSE)										D	ate	of birt	h: _						_	
Organization name: (if any)	OOM	IPA																		_	
Address:											_ т	elep	hone	numb	er:)				
I swear under the pains and penal for my own protection, the protec care or custody. Requestor's signature:	tion of	a chile	d unde	r 18 y	ears o	f ag	e, or				tion	of a	nothe	r pers	son		vhon	n I h	ave r		
Requestor s signature.												ranc.									
I hereby request that the following in	formatio	n be u	sed to	determ	ine wh	ethe	r the	iden	tified	indiv	idual	is a	sex of	ffender	r re	quired	i to n	egiste	er in l	Mass	achusett
Subject's LAST NAME:															\Box						
Subject's FIRST NAME::								Т							П	\Box	\top	\top	\top	\top	
Subject's MIDDLE INITIAL:																					
Subject's MIDDLE INTIALS	Ч_							_								1					
Date of birth or approximate age:	L		/	\perp	/																
	N	1 M	Ι	D		Y	Y	Y	Y					AG	Ε						
Address (PRINT):																		_			
Personal identifying characteristics	ii.																				
Sex: Race: Height: Weight:								Color			Н	iir C	olor:	_	_						
Other information (e.g. license plat	Other information (e.g. license plate number, parents' names, etc.):														_		_	_		_	

If additional information is needed, please contact the Requestor at the telephone number above.

*********WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 %) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1990.90) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$190.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).