

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

<input checked="" type="checkbox"/>	Online Registration Form (from the website, click the documents tab OR use the QR code)
<input checked="" type="checkbox"/>	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)
<input checked="" type="checkbox"/>	Annual CORI Form with COPY of license -all guardians
<input checked="" type="checkbox"/>	Annual SORI Form & proof of MMR vaccine -for chaperoning overnight
<input checked="" type="checkbox"/>	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)
<input checked="" type="checkbox"/>	OOMPA fees <i>*see details below and reach out to the e-board for flexibility/help as needed</i>

\$ 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
- **\$125 Rookie fee (first fall season ONLY)** 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
- **\$150 Fall Guard Uniform -** New costumes every year are sized per member (like dance/gymnastics)

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

There is also a separate **\$285 Activity Fee** 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 fee- contact the central office for information.*

Questions?

Director, Kris S DeMoura kdemoura@awrsd.org

OOMPA Executive Board

Jenn president@marchingspartans.net, Kim vicepresident@marchingspartans.net,
Tanya treasurer@marchingspartans.net, Mindy secretary@marchingspartans.net
Carol atlarge@marchingspartans.net



Music Department Health Form

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 Contact

Name: _____ Relationship to Student: _____

Number Home/Cell: _____

Name: _____ Relationship to Student: _____

Number Home/Cell: _____

PERMISSION TO ADMINISTER MEDICATION

Please check to give permission for any chaperone to administer the following to my student.

*If no medication is checked, none will be given.

_____ Antacid

_____ Tylenol (acetaminophen)
500 mg

_____ Motrin (ibuprofen)
200 mg

Please check off if the student carries one of the following: _____ epi pen _____ inhaler

Health History

~Please check all that apply:

_____ Heart/Cardiac

_____ Gastrointestinal

_____ Respiratory (asthma)

_____ Orthopedic

_____ Neurological

_____ Anxiety/depression

_____ Other (please note below)

PLEASE LIST CURRENT MEDICATIONS
AND DOSAGE STUDENT IS TAKING including
over the counter and/or prescriptions and
topical creams such as icy hot or biofreeze

am/pm	name	dosage

Date of Last Tetanus shot _____ / _____
Month Year

ALLERGIC TO MEDICATION YES _____ NO _____ (if yes, please explain)

ALLERGIC TO INSECT STINGS YES _____ NO _____ (if yes, please explain)

OTHER ALLERGIC REACTIONS YES _____ NO _____ (if yes, please explain)

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 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

I, _____, individually and as a guardian of _____ do hereby, give permission for my child to participate with the Oakmont – Overlook Marching Spartans for the purpose of furthering their own interest in music. I, hereby, covenant and agree with the President, Executive Board, Band Director, Staff, Band Camp Director, members of the Oakmont Overlook Music Parents Association, and any and all related parties, officers, agents, employees, to indemnify and hold harmless each and every one of them from, and against, all claim, liability, loss, cost, damage, and expense which may in any way arise out of or in connection with, the involvement of my child in the program or in the use of such facilities; including without limitation all claim they or I might have for personal injury to them or to any member of my family so arising. I do, hereby, further testify as to my child's sound health of mind and body.

I intend this statement to take effect as a sealed instrument.

Date _____ Guardian Signature _____

HANDBOOK ACKNOWLEDGEMENT

Our signatures below indicate that we have received and thoroughly read the Oakmont-Overlook Marching Spartans Handbook (updated version on the website) and that we fully understand the details, policies, and guidelines contained within. Furthermore, our signatures below indicate that we have read, fully understand and accept the requirements of Marching Band and the consequences of violations of the Handbook, which will lead to the infraction policy stated within.

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

Parent(s)/Guardian(s) Signature(s): _____ Date: _____

Band Member Name: _____

Band Member Signature: _____ Date: _____

Return at rehearsal or mail 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 Westminister 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 Westminister 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 Westminister Regional School District with written notice of my intent to withdraw consent to a CORI check. I also understand, that The Ashburnham Westminister 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 or ID Number: _____ State of Issue: _____
* Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____
* Father's Full Name: _____
* Mother's Full Name: _____

Current Address

* Street Address: _____
Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Former Address

* Street Address: _____
Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Signature Employee/Volunteer/Contractor (Prospective/Current)

***Employee/Volunteer/Contractor (Prospective/Current) Signature**

Date

By signing above, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

CORI Authorized Employee Signature: _____

The identity of the CORI applicant was verified with the attached copy of government issued photographic information:

_____ Driver License _____ State ID _____ Passport _____ Military ID _____ Other

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

SOR Form 4 (05/11)