Julius Chambers Marching Band Booster Association

The Julius Chambers Marching Band program is supported by the Julius Chambers Marching Band Booster Organization, a group of parents/businesses, various sponsors and alumni who are actively involved in the functioning and financial endeavors of the Band. While the ultimate authority is Mr. Wilson, the Band Booster Association is available to assist the Director in assuring the best possible music educational and developmental programs are offered to the students of Julius Chambers Marching Band. Should you have questions or comments concerning the Julius Chambers High School Band program, please contact the director or any officer of the Booster Association or the JCMB Executive Board.

The Julius Chambers Marching Band Booster Association

7600 IBM Dr. Charlotte, NC 28262

BAND FEES AND FUNDRAISING

The Julius Chambers Marching Band will be actively involved in various fundraisers throughout the year. The funds raised go to help defray the costs of music, equipment, transportation to competitions and contests and general upkeep of the school-owned instruments. Without our fundraisers we would have a major deficit in our budget.

Potential Fundraisers

Krispy Kreme Doughnut Sales

Indian River Fruit Sales

Summer Performances at Zaxby's on University City Blvd.

World's Finest Chocolate

University Homecoming Parades ***(Earned Stipends)***

Snap Raise

Miscellaneous Fundraisers: Each year various fundraisers are introduced and promoted. Take advantage of the fund raisers made available to you to help raise the necessary funds to operate the band program. Each year the fundraising team will determine the best use of our time and schedule fundraisers as needed.

MARCHING BAND SUPPLY FEE AND UNIFORM FEE PAYMENT DATE: ***TBD (Fees can be paid at any time on or before this date!)***

Uniform Fee For Winds and Percussion: **$300.00**

Uniform Fee for Auxiliary: **$300.00**

Marching Band Supply Fee for ***ALL*** Students: **$300.00**

(*Max. Est. Cost is the highest cost that a student would have to pay if they needed to buy every single item for the year if they're a new student to the marching band!)

Julius Chambers Marching Band Medical Information

Student's Name_____ **Date of Birth**_____

Address:_____ **City/Zip:**_____

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

Student Cell Phone:_____**Parent Cell Phone:**_____

Alternative Contact **(if parent(s) can't be contacted in an emergency:**_____

Phone#:_____ **Relationship:**_____

Known Allergies:_____

List of Prescriptions being taken during school hours:_____

Cause for Prescription:_____

Family Physician & Hospital preference:_____

Medical Release Form

I,_____, hereby give permission and consent for my child _____ to be given medical treatment, first aid, and or care they need by a medical doctor or hospital as required on an emergency basis, in the event that the said student becomes ill or be injured while participating in any Band Event or Band Trip. I am aware that this is in the event of a non-life threatening injury if I cannot be reached.

_____ _____

Signature of Parent/Guardian Date

Health Insurance Information:

Insurance Company_____ Name of the Insured_____

Insurance Company Address:_____ Company #_____

Insurance Policy Plan/Group Number:_____

Copy of Card on File: _____yes

_____no

Student/Parent/Guardian Information sheet

Student's Name_____ M/F_____ Date of Birth_____

Grade for 2025/2026 school year_____

Student's email & ID number_____ Student's Phone#_____

Parent/Guardian Name(s)_____

Parent/Guardian email:_____ Parent/Guardian Home#_____

Work# _____ Cell#_____

Best number to contact you: cell / home/work (circle one)

Relationship:_____ Please best times to call:_____

Emergency Contact and Phone Number: _____

Any additional Information we need to know about student:_____

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CHARLOTTE-MECKLENBURG SCHOOLS
CLASS TRIP STUDENT PERMISSION FORM

Date: July 21, 2025

Dear Parents:

Travel to away games for CMS, College Homecomings, Band Competitions, Parades and regularly scheduled Julius Chambers Marching Band functions for the 2025-2026 School Year.

Purpose: To represent Julius Chambers High School at selected marching band activities as stated above and any requested performances.

The signature of a parent/guardian is required in order to allow your child/student to participate in these off-campus trips. Please sign the bottom portion of this form and return the entire form to the Band Director (Mr. Joseph T. Wilson).

Sincerely,

Mr. Joseph T. Wilson
Director of Bands
Julius L. Chambers High School

Mode of travel: [X] School/Activity Bus [ ] Car(s) [X] Other : Charter Bus

Cost of trip (if any): $TBD

Time of departure from school: __TBA___ Time of return to school: _TBA_____

_____

I have read the field trip description.

I give permission_____ do ***NOT*** give permission _____ for _____(students full name) to go on this trip sponsored by the Charlotte-Mecklenburg Schools/ Marching Band Department . Cash or check enclosed, if applicable.

_____ _____

Date Parent/Guardian