



MADISON SOUTHERN BAND

MARTINA SANDERS, DIRECTOR

Madison Southern High School

279 Glades Road

Berea, KY 40403

Office: (859) 625-6148

Fax: (859) 986-3092

martina.sanders@madison.kyschools.us

April 14, 2025

Parents & Students,

This packet contains information and forms pertaining to the musical plans for the 2025-2026 school year. Please review, sign and return **all** forms along with a **non-refundable deposit of \$125 by Friday, May 2, 2025** if your student wishes to participate in the Marching Band for the 2025 marching season. The amount of the deposit will be deducted from the total amount due for the Fair Share Contribution (FSC). This includes all color guard and musicians in marching band. Payments may be made using cash, check payable to Madison Southern Band or access the MSHS Band Online Payment Portal to use Venmo, Cash.App or Credit/Debit Card via the QR code found later in this packet – be sure to list student's name and purpose on all checks/electronic payments – i.e. "Phil Collins Marching Band FSC"

With the budget for the 2025 marching season, it has been determined that cost per student would be equal to about **\$1,600.00** to fund the numerous performance opportunities offered. *As you can see from reading on, we are NOT asking for this complete amount per student.* The Band Boosters develop numerous fundraising opportunities throughout the year to aid in this funding. The Madison County Board of Education also provides financial assistance from time to time for large purchases (instruments) and part of our transportation costs. To provide the best possible musical experience for our students it simply takes more money than we receive from the various funding. Therefore, each year the band asks for a "Fair Share Contribution (FSC)" from each family based on the number of students they have participating in the various groups (marching band, color guard, symphonic/concert band, pep band, jazz band, etc.)

The Fair Share Contribution amount due for the 2025-2026 school year will be **\$400 for all participating members and includes competition day meals.**

As you can see, the amounts requested for the FSC are far below the actual costs needed. Please note that siblings receive a 50% discount. ***Unpaid FSC's will result in the need to do more fundraisers to offset the costs of the various programs.***

2025-2026 Fair Share Contribution Standard Payment Schedule

May 2, 2025	\$125
July 18, 2025	\$150
August 18, 2025	\$125

We will again be offering an "early-bird" discount if you pay the full amount by a certain day. If you pay in full by Friday, May 16, the total amount due is \$350. If you pay in full by Monday, July 14th (first day of camp), the total amount due is \$375. If you use the standard payment schedule listed above, the total amount due is \$400. The 50% sibling discount is also in play for the early-bird discount.

We are going to continue this year to provide another payment option for FSCs. You can now sign up for a payment plan that automatically charges your credit or debit card \$70 a month for 5 total months (May through September). The total amount paid will be \$350 if you choose this option. You can sign up via the MSHS Band Online Payment Portal either by using the QR code in this packet or going to madisonsouthernbands.org/FSC.

If you believe you are unable to fulfill the terms of this agreement you *MUST* contact Band Director Martina Sanders at 625-6148 (ext. 6206) or martina.sanders@madison.kyschools.us immediately to arrange for an alternate payment schedule or scholarship opportunity. NO ONE will be prohibited from participating based on financial reasons, but everyone is expected to help with their "fair share". ALL alternate plans are kept in the strictest of confidence. The key ingredient for this to work is communication! Please see page 4 of this packet for the alternate FSC agreement.

**There are many ways that you as a parent can be involved with your child
and their experience in the Madison Southern Band.**

First and foremost, you can attend the monthly Booster Meetings. These meetings are important and informative. There is quite a bit of planning that goes into the coordination of concessions, competitions and fundraising. We cannot be successful without parental support, lots and lots of parental support. The good thing about having a group as large as the marching band is the pool of potential parents to help is also large. If everyone helps out a little, everything runs very smoothly. If a small (but mighty) group end up doing all the help, it causes major stress for all.

Madison Southern Band was once again selected to host a KMEA regular season marching band competition (the Eagle Classic) on September 6, 2025 and we have applied to host the KMEA Quarterfinal Marching Competition for 4A and 1A East Regions on October 18, 2025. This is a huge undertaking and will require as many hands as possible to be a success. The Boosters plan and coordinate all of this.

The Band Boosters will bid to continue to provide concessions for Boys & Girls Soccer, Football and Boys & Girls Basketball. These concessions provide the band with a large portion of its yearly income. The only way this can be successful is to have continuing parent participation at these events. Parents are needed to work the concession stand and to tear tickets at the gates of these events.

One of our primary means of communication is going to be weekly email newsletters. Be sure you include an email address you check regularly to stay in the know with all things band related. The other, more immediate means of communication is via the *GROUPME* or the *BAND* app. The apps allow for short text messages to be shared back and forth to a group via your phone. You can find either app in your app store. We will sign you up to be included in the *group messages* unless you check the spot to opt out on the information collection sheet.

If you want to sponsor all or part of another student's FSC, you may make a tax-deductible donation for student scholarship. Contact Ms. Sanders martina.sanders@madison.kyschools.us or 625-6148 x6206 for additional information.

REMEMBER:

It is important that you fill out **ALL** forms completely. (You do NOT need to fill out the "Alternate Payment Agreement" unless you are paying in that manner.) Please provide an up-to-date e-mail address (one that you actually check regularly please) and phone number. You will receive reminder emails occasionally throughout the year. **Return all forms along with the \$125 non-refundable deposit by Friday, May 2.** Checks should be made payable to *Madison Southern Bands*.

Thank you for your cooperation and participation in this matter.

Sincerely,

Martina Sanders



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Letter of Intent (LOI) 2025

I have read and understand that I am responsible for the Fair Share Contribution (\$400 according to FSC schedule or less if choosing the "early-bird" discount). I agree to pay this with cash, check, Venmo, Cash.App or credit/debit card **on or before the due dates** unless an Alternate Payment Agreement is established with Ms.Sanders. I understand that I am to participate in fundraising efforts to support the band's general budget.

I further understand that failure to pay these band expenses on a timely basis may affect my student's participation in certain band activities and other Madison Southern High School events conducted outside of the classroom, such as participating in marching contests, football games, etc.

The party responsible for the payment of band FSC should complete the following information:

Print Student Name

Instrument/Position for Marching Band

(options are Flute, Clarinet, Alto Sax, Tenor Sax, Bari Sax, Trumpet, Mellophone, Trombone, Baritone, Tuba, Drum Line (marching), Front Ensemble (keyboard percussion) or Color Guard)

Grade in fall of 2025

T-Shirt Size

Instrument played in Middle School Band

Middle School Attended

Circle Method of Payment Cash Check Venmo
 Cash.App Credit/Debit

Signature of Responsible Party

Print Responsible Party Name



MSHS Band Online Payment Portal – madisonsouthernbands.org/FSC

2025-2026 Alternate Payment Agreement

(this needs to be signed **only** if you have made arrangements with Ms. Sanders)

I, _____ have discussed my situation with Ms. Martina Sanders,

(Parent/Guardian Name)

Madison Southern High School Director of Bands and hereby agree to pay the Fair Share Contribution for the 2025-2026 school year

for _____ according to the following schedule:

(student name)

June 2025	\$ _____	paid
July 2025	\$ _____	paid
August 2025	\$ _____	paid
September 2025	\$ _____	paid
October 2025	\$ _____	paid
November 2025	\$ _____	paid
December 2025	\$ _____	paid
January 2026	\$ _____	paid
February 2026	\$ _____	paid
March 2026	\$ _____	paid
April 2026	\$ _____	paid
May 2026	\$ _____	paid

****Please note that as the Marching Season Competition Schedule is established and finalized, there will be additional band expenses that you will be asked to pay. New marchers or returning marchers who have outgrown their shoes will need marching shoes at a cost of approximately \$35 per pair. There will also be the cost of alternate uniform shirts (approx. \$15), compression shirts, which are part of the standard uniform, (approx. \$20) and gloves (\$3). The shoe and shirt costs will be due in August. More information will come concerning these items.**

Many of these costs are for first year members only – marching shoes, alternate uniform shirts, compression shirts only need to be purchased by returning members if they need new ones. ******



MSHS Band Online Payment Portal – madisonsouthernbands.org/FSC

We use a database to help communicate and to track financial contributions, inventory, volunteer signups and to send information via email (including pdf versions of everything passed out during class). Please complete the Information Collection Sheet below so we can get you included in our database. ***PLEASE use an email address that you actually use as this is one of the primary means of communications from me to you.***

Information Collection Sheet

Student Name _____ Symphonic Band Instrument

Grade _____ Band/Percussion Class Period _____ Marching Band Instrument

Mailing Address

Home Phone _____ Student Cell Phone _____

Student Email
Address _____

Ensembles You Participate in or Plan to Participate in (please check all that apply)

_____ Marching Band _____ Symphonic Band _____ Jazz
Band

_____ Percussion Ensemble _____ Pep Band _____ Color
Guard

_____ Winter Guard

Guardian 1 Full Name

Guardian 1 Mailing Address

Guardian 1 Relationship to Student

Home Phone _____ Guardian 1 Cell Phone _____ Opt out of *GroupMe*

Guardian 1 Email Address

Guardian 1 Occupation

Guardian 2 Full Name

Guardian 2 Mailing Address

Guardian 2 Relationship to Student

Home Phone _____ Guardian 2 Cell Phone _____ Opt out of *app*

Guardian 2 Email Address

Guardian 1 Occupation



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Volunteer Sign-Up Sheet

If you would like to volunteer or have any questions, please check below or contact Ms. Sanders

VOLUNTEER NAME

VOLUNTEER NAME

VOLUNTEER NAME

VOLUNTEER NAME

Contact Number(s)

E-Mail(s)

Yes, I'd like to volunteer for the following:

Concessions Team (serving concessions or tearing tickets at games)

_____ **Props/Equipment/Pit Crew Team** (building, maintaining & moving props along

with other band equipment) _____

Fundraising Team (help run fundraisers for the band) _____

Sponsorship Team (help solicit sponsorships from local businesses)

_____ **Social Media Team** (help post information across the official band social media platforms) _____

Meals Team (feed kids at band camp & marching contests) _____

Uniforms Team (wash, fit & mend marching uniforms) _____

Eagle Classic (hosted marching competition at MSHS on 9/6/25) _____

Quarterfinals (hosted marching competition at MSHS on 10/18/25)

MADISON SOUTHERN BAND EMERGENCY MEDICAL FORM

Note: All information submitted on this form will only be used by the directors, staff and necessary members of the Madison Southern Band Boosters, in support of the Madison Southern Band Program.

I HEREBY CONSENT FOR A QUALIFIED PHYSICIAN OR SURGEON TO EXAMINE, DIAGNOSE, PRESCRIBE AND PERFORM TREATMENT, INCLUDING SURGERY, WHICH IS DEEMED MEDICALLY NECESSARY FOR THE WELFARE OF:

STUDENT'S FULL NAME _____

I GIVE MY PERMISSION FOR THE ABOVE NAMED TO TAKE:

†Tylenol (Acetaminophen) †Advil (Ibuprofen)

†Imodium †Benadryl

†Dramamine †Midol

†Tums †None

†OTHER _____

Note: Medications will not be given under any circumstance without prior permission from a parent/guardian. No student is permitted to have prescription or non-prescription medication on his/her person at any time.

Is it possible that your child may need **emergency medication immediately** after performing on the field? YES or NO

Explain _____

Please list any medical concerns and/or medications the student currently

takes: _____

Please list any known ALLERGIES?

Medications _____

Food _____

Environmental _____

Date of last tetanus inoculation: _____

INSURANCE COMPANY _____ POLICY
NUMBER _____

SUBSCRIBER NAME _____ DATE OF BIRTH _____

SUBSCRIBER NUMBER _____ GROUP
NUMBER _____

STUDENT'S PHYSICIAN _____ PHYSICIAN'S PHONE _____

PLEASE ATTACH A COPY OF YOUR CURRENT INSURANCE CARD (FRONT AND BACK)

In the event of a medical emergency related to the minor child listed above, I hereby give ANY HOSPITAL my written consent to render whatever Emergency Medical Care may be deemed appropriate by the hospital's Emergency Medical staff, until I (or my spouse) can be contacted. If the hospital finds it necessary to contract various health care professionals for their services, and the following providers are not employees of the hospital, but are instead independents, contracted to provide services for the patient and are legally responsible for their services, they also fall under this release. I UNDERSTAND THAT NO ONE CONNECTED WITH THE MADISON SOUTHERN HIGH

SCHOOL OR THE MADISON SOUTHERN BAND BOOSTERS, INC. ASSUMES LIABILITY FOR ANY INJURY INCURRED BY THE PARTICIPANT. I agree to pay all costs incurred by the participant for the hospital bills, physician fees and ambulance fee.

I understand that someone in authority will make every attempt to contact me using the information on the Participation Form in the event that my child is injured and is taken to a hospital for treatment.

DATE_____ PARENT/GUARDIAN
SIGNATURE_____

RELATIONSHIP TO STUDENT_____ PRINT
NAME_____