



## GLENOAK HIGH SCHOOL BANDS

1801 SCHNEIDER STREET NE  
CANTON, OHIO 44721 WWW.GOHSBAND.COM  
OFFICE 330.491.3937 FAX 330.491.3801

Welcome to the GlenOak Marching Band!

May 16, 2022

We're excited to kick off the 2022 marching season with you as a member of the Golden Eagle Marching Band! You will find information about fees, schedule, uniforms, and band camp inside. As you look through this schedule, planning is the most important part of the performance process for next year. Time goes by very quickly and it's vital to look ahead and plan for upcoming events.

To stay informed, we do have a Remind 101 which you can subscribe. Text @22goband to 81010. In addition to Remind 101, our band website is WWW.GOHSBAND.COM and our Twitter is @GlenOak\_Band *If you used Remind 101 for band last year, you need to sign up again for 2022-2023.*

### Grading Policy

Individual band grades are determined by Participation in Rehearsals/Performances and Individual Music Assessments. Grades are put into one of three categories worth the following:

|                         |     |
|-------------------------|-----|
| Rehearsals              | 20% |
| Performances            | 30% |
| Performance Assessments | 50% |

### Attendance Policy: Rehearsal 20%/Performances 30%

Attendance at rehearsals and performances (both in school and after school) are mandatory and part of the class.

Participating in band is a graded course and your attendance is part of that grade. Along with that, you are also part of a team where your attendance is necessary for the success of the entire group. The rest of the band is counting on you. We reserve the right to remove you from a performance if you have excused/unexcused absences from practices or performances causing you to not be ready for a performance.

All performance absences must be approved (unless emergency) by a director at least 3 weeks before the date of absence. Rehearsal absences are a minimum of 2 weeks in advance. The earlier the better! Summer absences are no exception. In the event of an emergency, you can notify Mr. Irwin at 491-3937 (band office) or email [irwinc@plainlocal.org](mailto:irwinc@plainlocal.org) Please report all advance absences on the Google Form at [www.gohsband.com](http://www.gohsband.com).

Student Athletes: It's very important that you copy your athletic schedule, highlight conflicts, and discuss with a director. Participating in band and a sport is very "do-able" as long as you plan. We always equally split time for practices/rehearsals with your respective team. However, we must know when you are missing rehearsal and any performances in advance according to the 2/3 week guidelines listed above. The key to making this work is advance communication.

### Performance Assessments (aka Music Checks) 50%

All GlenOak Bands are graded performance organizations. Successful performances rely 100% on everyone's ability to learn their music. We assess all students in small groups over each song required for pregame and our halftime shows. **Each tested song is worth 10 Points with a passing score being 8/10.** We do allow students to retest their music for a higher score within the testing "window." Retesting deadlines are listed on the last page. If a student fails to test an adequate amount of music by the deadlines for each show, he/she will be moved to Alternate Status for the next halftime show.

Late assessments will be reduced by 10%. Excused absences are exempt from the reduction.

### Alternates:

Alternate performers are students not meeting eligibility requirements to perform on the performance field. These may include not testing music, extremely low testing scores, and missing mandatory rehearsals/performances. Every situation is different and approached in that manner. Alternate performers may be asked to fill in open spots on the field if progress is made in the area(s) of deficiency.

### **Summary of all Band Expenses**

Below is a detailed list of all marching band-related expenses and when (approx.) these fees will be due. *Should you anticipate needing financial assistance to pay these fees, please contact Mr. Irwin at [irwinc@plainlocal.org](mailto:irwinc@plainlocal.org) or 330-491-3937.*

#### **1. PLIMPA Marching Band Fee     \$85 for New HS Band Members or \$55 for Returning Members**

This fee is due by June 1, 2022 and covers the following marching band expenses for the year. This fee can be paid by check or cash and mailed to: PLIMPA, Po Box 8748, Canton, Ohio 44711 You can also pay by credit card at [www.gohsband.com](http://www.gohsband.com)

- Uniform cleaning for the entire year
- Band camp instructional staff
- Band T-Shirt for New Members (included in your \$85 fee)
- Band shorts for New Band Members (included in your \$85 fee)

#### **2. Uniform Accessories**

Students purchase uniform accessories during the week of July 18th at their uniform fitting appointment or after designated marching band rehearsals that week. Appointments can be made at [www.gohsband.com](http://www.gohsband.com)

New band students will need to purchase the following items:

- |                                 |          |                                |
|---------------------------------|----------|--------------------------------|
| • Band shoes                    | \$36     | [1 pair needed]                |
| • Spats for shoes               | \$14     | [1 pair needed]                |
| • Black gloves                  | \$5/pair | [suggested to purchase 2 pair] |
| • Green barets for tuba players | \$12     |                                |

The above items are also available for returning members. Should a returning member need to purchase a new black band shirt (\$10) or green shorts (\$18), you can do this at your uniform fitting. If new shoes need to be ordered, this must be done during the uniform fitting week. Spats and gloves can also be purchased before any marching band performance in the PLIMPA ER (Emergency Repair) room.

### **Uniforms**

Uniform fittings will occur at the high school on the following dates:

July 18-20, 2022

You can sign up for an appointment at [www.gohsband.com](http://www.gohsband.com)

***No student is permitted to take a band uniform for alterations.***

**Shoes, spats, and gloves are fitted and sold at the time of uniform fitting (see prices above).** All band students will be required to wear the approved black marching shoes (hence the term “uniform”) and provide their own black socks (calf height). All other brands except for shoes purchased through PLIMPA are unacceptable and not considered uniform. Previous band shoes are okay. Returning band members: If you use shoes, spats, and/or gloves from last year, make sure they look new.

***We take great pride in our band uniform. Take care of it because it represents all of us. Replacement uniform cost is \$500.00***

### **Instruments & Lockers**

All students need working instruments for rehearsal and performances. This includes having reeds, oil, etc. If you are borrowing a school-owned instrument, any damage done to the instrument will be your financial responsibility.

**All students will be provided a school locker which you must provide your own combination lock.** Any student using a school-owned instrument is responsible for the instrument. Lockers must be kept clean at all times and sharing lockers is prohibited.

## **Music**

You are responsible for all music received. The GlenOak Marching Band memorizes all music for performances except stand tunes. Required dates for memorization of each song is listed below. **There will be daily opportunities to test off music in July and August. This will occur in small groups. Please see deadlines below. DO NOT WAIT UNTIL PRACTICES START IN JULY TO BEGIN MEMORIZATION!** Both Pregame and Halftime #1 will be performed MEMORIZED on August 16th. **You need to purchase a lyre and flip folder to use at all rehearsals.**

### **Pregame Music by July 27**

- \* GOMB Warm-Up
- \* On Eagles and Screamin'g Eagles (GO Fight Song)
- \* GO Alma Mater
- \* Star Spangled Banner
- Since You've Been Gone

### **Halftime #1 Music by August 4**

Make Me Smile (Opener)  
Saturday In The Park  
Hard To Say I'm Sorry (Cut 39-End)  
25 Or 6 To 4

Retesting can occur anytime starting July 18 through August 11. There will be no retesting of Pregame or Halftime #1 after August 11.

\* Students who earned a 10/10 on Pregame (On Eagles & Screaming Eagles, Alma Mater, Warm Up, and Star Spangled Banner) do not have to test those pregame songs in 2022. A list will be posted in the band room.

Majorettes/Color Guard Instrumentalists: Must test "On Eagles/Screaming Eagles" and "Alma Mater." Members must also select 1 song per halftime show to test by the publicized deadlines.

## **Medical Forms**

Please make sure you update your contact and medical information in Final Forms.

If you have prescription medication that must be taken during any band function, you must fill out the attached Medical Administration Record (MAR) for each prescription. Medications must be given to a director in its original container with your name and dosing instructions.

The Authorization for Nonprescribed Medication form can be used if you would like to permit the teaching staff to administer over-the-counter medications (Tylenol, Advil, etc).

## **Band Rehearsals**

Band rehearsals are mandatory. If you are missing any rehearsals this summer, you need to meet with a director. See Alternate information on page 1.

Successful performances begin with successful rehearsals. Being in attendance at practices and coming prepared is a must to have a great band. All pregame and halftime #1 music will be tested during our July and August rehearsals. Music memorization is not something in which you can be successful by procrastinating. It is essential that your music practicing not end when you leave each day. The schedule is designed to provide full band marching and music rehearsal PLUS time for sectional work. Attendance at all rehearsals (full band and sectionals) is mandatory. Please make sure you have your transportation lined up. Students earn a rehearsal grade.

**Music must be tested by the deadlines assigned. If you want to be written into Show #2, test your Pregame music on time. No retesting of Pregame or Halftime 1 will occur after August 11.**

We will provide regular water breaks throughout the rehearsal. Please dress for the weather, including the use of sun block!

## **Evening Fun Activities**

We will be planning some fun activities during the months of July and August. Once we have this schedule completed, we will provide you a schedule!

***Lastly, we are excited that you are becoming a member of the 2022 Golden Eagle Marching Band! You are in for an exciting and rewarding experience.***

Mr. Irwin  
Mrs. Giotta  
Mrs. Laux

irwinc@plainlocal.org  
giottak@plainlocal.org  
lauxe@plainlocal.org

Band Office Phone 330-491-3937  
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# 2022 GLENOAK MARCHING BAND

## JULY

|                                                                                                               |                                                  |                   |                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|------------------|
| 15 (F)                                                                                                        | Leadership Meeting (Section Leaders & Directors) | 9:00 AM-11:00 AM  | GlenOak Band Rm. |
| 18-20 (M-W)                                                                                                   | Uniform Fittings                                 | By Appointment    | GlenOak Band Rm. |
| <i>Times/Dates are by appointment, sign-up at gohsband.com If you were fitted in May, this is not for you</i> |                                                  |                   |                  |
| 18-22 (M-F)                                                                                                   | Drumline Camp (Lunch Break 11 AM-12 PM)          | 8-11 AM & 12-2 PM | GlenOak          |
| 18-22 (M-F)                                                                                                   | Full Band Rehearsal (minus drumline)             | 8:00 AM-12:00 PM  | GlenOak          |
| 24 (Sun)                                                                                                      | Hoover Park Performance                          | 1:15-1:30 PM      | Hoover Park      |
| 25-29 (M-F)                                                                                                   | Full Band Rehearsal                              | 8:00 AM-12:00 PM  | GlenOak          |

## AUGUST

|                                                                                                             |                                                   |                    |                 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------|-----------------|
| 1-4 (M-Th)                                                                                                  | Full Band Rehearsal                               | 6:00 PM-8:00 PM    | GlenOak         |
| 5 (F)                                                                                                       | Picture Day                                       | 8:00 AM-10:30AM    | GlenOak         |
| 6 (Sa)                                                                                                      | 2022 Pro Football Hall of Fame Parade             | 5:45 AM-9:30 AM    | GlenOak         |
| 8-11 (M-Th)                                                                                                 | Evening Band Rehearsals                           | 6:00 PM-8:00 PM    | GlenOak         |
|                                                                                                             | Fall Sports Kick-Off at Oakwood Sq. (Pep Band)    | TBA                |                 |
| 15 (M)                                                                                                      | 2022 Meet the Band Night                          | 6:00 PM/7:00 PM    | GlenOak Stadium |
| 19 (F)                                                                                                      | 5th Grade Recruitment Performance                 | 1:00-3:15 PM       | GlenOak         |
| <i>This is for 10th, 11th, and 12th graders - We will bus from HS to Glenwood - Return to HS by 3:15 PM</i> |                                                   |                    |                 |
| 19 (F)                                                                                                      | GO vs Shaker Heights (Away)                       | 5:00 PM/7:00 PM KO | GlenOak         |
| 22 (M)                                                                                                      | After school Band Rehearsals Begin (every Monday) | 2:30 PM-4:00 PM    | GlenOak         |
| 26 (F)                                                                                                      | GO vs Massillon (Home)                            | 5:15 PM/7:00 PM KO | GlenOak         |

## SEPTEMBER

|          |                               |                    |                 |
|----------|-------------------------------|--------------------|-----------------|
| 2 (F)    | GO vs Austintown Fitch (Away) | 5:00 PM/7:00 PM KO | GlenOak         |
| 9 (F)    | GO vs Lake (Away)             | 5:30 PM/7:00 PM KO | GlenOak         |
| 10 (Sat) | Lake Band Show                | 5:30 PM/7:00 PM    | GlenOak         |
| 14 (W)   | Evening Band Rehearsal        | 6:00-8:00 PM       | GlenOak Stadium |
| 16 (F)   | GO vs Hoover (Away)           | 5:45 PM/7:00 PM KO | GlenOak         |
| 23 (F)   | GO vs Green (Home)            | 5:15 PM/7:00 PM KO | GlenOak         |
| 28 (W)   | Evening Band Rehearsal        | 6:00-8:00 PM       | GlenOak Stadium |
| 30 (F)   | GO vs Jackson (Away)          | 5:30 PM/7:00 PM KO | GlenOak         |

## OCTOBER

|         |                                       |                    |                 |
|---------|---------------------------------------|--------------------|-----------------|
| 7 (F)   | GO vs Louisville (Home)               | 5:15 PM/7:00 PM KO | GlenOak         |
| 11 (Tu) | Evening Band Rehearsal                | 6:00-8:00 PM       | GlenOak Stadium |
| 14 (F)  | GO vs McKinley (Home)                 | 5:15 PM/7:00 PM KO | GlenOak         |
| 17 (M)  | Marching Band Concert Dress Rehearsal | 2:30-5:00 PM       | GlenOak Theater |
| 18 (Tu) | GO Marching Band Concert              | 6:15 PM/7:00 PM    | GlenOak Theater |
| 20 (Th) | Evening Band Rehearsal                | 6:00-8:00 PM       | GlenOak Stadium |
| 21 (F)  | GO vs Perry (Home)                    | 5:15 PM/7:00 PM KO | GlenOak         |

**Potential Play-Off Games: Fridays Oct. 28, Nov. 4, Nov. 11, Nov. 18, Nov. 25, Dec. 2**

Prescription Meds Only

**Plain Local Schools**  
**Medication Administration Record (MAR)**  
**General Medication Form**

**Student Information**

|                                         |             |         |                  |
|-----------------------------------------|-------------|---------|------------------|
| Student name                            |             |         | Date of birth    |
| Student address                         |             |         |                  |
| School                                  | Grade/Class | Teacher | School year      |
| List any known drug allergies/reactions |             |         | Height<br>Weight |

**Prescriber Authorization**

|                                                                                                                                                                                                                                                                                                               |  |                        |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|----------------|
| Name of medication                                                                                                                                                                                                                                                                                            |  | Circumstance for use   |                |
| Dosage                                                                                                                                                                                                                                                                                                        |  | Route                  | Time/Interval  |
| Date to begin medication                                                                                                                                                                                                                                                                                      |  | Date to end medication |                |
| Circumstances for use                                                                                                                                                                                                                                                                                         |  |                        |                |
| Special instructions                                                                                                                                                                                                                                                                                          |  |                        |                |
| Treatment in the event of an adverse reaction                                                                                                                                                                                                                                                                 |  |                        |                |
| Epinephrine Autoinjector <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector. |  |                        |                |
| Asthma Inhaler <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.               |  |                        |                |
| Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief                                                                                                                                                                           |  |                        |                |
| Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718                                                                                                                                                                                                                                             |  |                        |                |
| a) To the student for whom it is prescribed (that should be reported to the prescriber)                                                                                                                                                                                                                       |  |                        |                |
| b) To a student for whom it is not prescribed who receives a dose                                                                                                                                                                                                                                             |  |                        |                |
| Other medication instructions                                                                                                                                                                                                                                                                                 |  |                        |                |
| Does medication require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is the medication a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                       |  |                        |                |
| Prescriber signature                                                                                                                                                                                                                                                                                          |  | Date                   | Phone      Fax |
| Prescriber name (print)                                                                                                                                                                                                                                                                                       |  |                        |                |
| Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.                                                                                                                                                                       |  |                        |                |

**Parent/Guardian Authorization**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                  |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------|------------------|
| <input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.                      |      |                  |                  |
| <input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the <b>original</b> container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate. |      |                  |                  |
| Parent/Guardian signature                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date | #1 contact phone | #2 contact phone |

**Parent/Guardian Self-Carry Authorization**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                  |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------|------------------|
| <input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law. |      |                  |                  |
| <input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.                                                                                                                                                                                                                                                                                 |      |                  |                  |
| Parent/Guardian signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date | #1 contact phone | #2 contact phone |

PLAIN LOCAL SCHOOLS  
AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT  
(SECONDARY VERSION)

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE  
NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

- A. I am requesting permission for my child named above to use or receive the following over-the-counter medication(s)

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

- B. I will assume responsibility for safe delivery of the medication to school.
- C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- D. Our physician has instructed that this medication should be administered in the above designated dosage.
- E. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone / Cell Telephone

AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above non-prescribed medication(s) treatment(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal

**Dear Golden Eagle Band Parents,**

**Each year during marching season, we are in need of parent volunteers to assist with chaperoning events such as: Band Camp, Band Shows, and Football Games. In addition to chaperoning opportunities, we also have other needs for parent volunteers to assist with some fundraisers and other events.**

**If you are willing to help out the band, please visit our band website, [WWW.GOHSBAND.COM](http://WWW.GOHSBAND.COM) and click on the VOLUNTEER link on the home page. This will take you to an online form where you can choose how you would like to help out this fall.**

**Thank you in advance for your help!**

**On Eagles!  
Chris Irwin  
Kelsey Giotto  
Elyse Laux**



Plain Local Instrumental Music Patrons Association, Inc.

## 2022-2023 Patron Advertising

Help the GlenOak Band by showing your support during the 2022-2023 school year by becoming a **Patron** of the program! Each year, our Patrons show their support by donating to the instrumental music patron to help students in grades 5-12. These funds help to support costs such as uniform replacement/repair, instrument maintenance, guest artist fees, scholarships, and student registration fees.

*The various levels and benefits of Patron Advertisers are:*

### **GOLDEN EAGLE BUSINESS PATRON**

Business name listed in this year's Fall Sports Program and in all the Instrumental Music Concert Programs for the school year

**\$100** 1/8 Page Ad in the Fall Sports Program

**\$200** 1/2 Page Ad in the Fall Sports Program

**\$400** Full Page Ad in the Fall Sports Program

### **GOLDEN EAGLE PATRON.....\$50-99.00**

Name listed in this year's Fall Sports Program and in all the Instrumental Music Concert Programs for the school year

### **GOLDEN PATRON.....\$20-49.00**

Name listed in the Instrumental Music Concert Programs for the school year

### **CHECKS PAYABLE TO: PLIMPA**

Patron Level (check one): ☐ Golden Eagle Business ☐ Golden Eagle ☐ Gold

Returning sponsors, use same ad as last year? **YES / NO** (If no, please email new ad to PLIMPA at PO Box 8748, Canton, OH 44711)

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Patron/Advertiser Name (As it should appear in programs): \_\_\_\_\_

PLIMPA Office Use \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \_\_\_\_\_