

BAND CAMP PACKET

DEADLINE: May 14, 2018
(All forms and payment)

April 2, 2018

Hello!

Now is the time for newcomers and returning marching band members and color guard to get excited and ready for BAND CAMP 2018! The camp will be held in the cool pine mountains at Camp Shadow Pines in Heber, Arizona. The dates for camp are Monday July 30, 2018 through Friday, August 3, 2018. We will meet at 8am on Monday, July 30st in the Band room at DMHS. Percussion, Tubas, and Guard **Please** arrive by 7am to help load the truck.

Camp will provide new and returning marching band members the opportunity to learn and re-learn all the marching and musical techniques we will be using through the 2018 marching season.

Students will receive their music prior to camp. It is a tremendous asset to the band as a whole when students practice their music prior to band camp...even going as far as memorizing it. Section leaders will be encouraged to arrange and conduct music sectionals prior to camp.

ALL BAND CAMP FORMS AND FEES MUST BE RECEIVED BY May 14, 2018

Band Camp is FIVE days! New, incoming students will be shown the fundamentals of marching BEFORE Band Camp.

July 26 (Thursday) there will be a Leadership meeting in the Band room at noon.

July 27 (Friday) there will be a mandatory rehearsal at DMHS, for all new incoming marching band students, drum majors, section leaders and squad leaders from 8am to noon.

We are looking forward to meeting all of you, and most importantly, we are looking forward to a rewarding and exciting new season!

Regards,

Michelle Irvin
Director, Desert Mountain High School Band

Band Camp Information

Camp Shadow Pines

Accommodations:

- The dorm styled cabins are divided into multiple rooms equipped with several sets of bunk beds. Campers need to bring their own pillow and sleeping bag or sheets for their bunk.
- Boys and girls will be in separate cabins and are strictly prohibited from entering each other's dorms!
- Rooms will be assigned by the Band Director and Drum Majors
- There is a shared bathroom and shower facility in each cabin. The showers have separate stalls with privacy curtains.

Food:

- Meals are served cafeteria style in the dining hall.
- Students may return for second (or more) servings of food and drink.
- Additionally, bins of snacks and coolers of Gatorade will be available at every rehearsal. Snacks will be available in each cabin. Parents supply these snacks and drinks. (See the parent To Do List.)
- **Campers need to bring a reusable sports bottle to camp.** The camp has water and ice for campers to refill their bottles.

Leisure Time:

- The camp has volleyball and basketball courts, ping-pong and pool tables.
- Electronic devices (cell phones, tablets, etc.) are permitted but are the responsibility of the student.
- Laundry facilities are available. Send soap if you think your camper might need to use this service.

For pictures and information about the camp your student(s) will be at, please visit:

www.campshadowpines.com

Parent "To Do" List

- Each family is asked to provide healthy drinks and snacks for the marching band season.
 - o **One case of drinks** (water bottles, Gatorade, etc.)
 - o **One case (at least 24) individually packaged snacks** (Costco or Sam's Club are great sources)
- Be sure to provide ALL camp packet information (incl. a copy of your insurance card)
- Medications ... parents should plan to come early for drop-off so they can chat with the parent/nurse volunteer and check-in student meds.
- Please be sure your student has **printed out and packed** at least one copy of the show music for their instrument. Music is easily lost; multiple copies are recommended! Please go to the band website to download the music for printing: www.dmhsband.org

Student Packing List

- 1L, refillable water container (there are NO disposable cups at camp!)
- Sleeping bag and pillow
- Towel and shower shoes
- Toiletries, including Chapstick
- Tennis shoes – required for all marching rehearsals
- Shorts, pants, t-shirts, socks, underwear (Bring plenty, you will get hot and sweaty!)
- Jacket and/or sweatshirt (nights can get cold)
- Rain poncho
- Sunscreen and hat
- Flashlight or headlamp
- Watch – you MUST be on time for all rehearsals!
- Instrument and accompanying accessories (reeds, valve oil, cleaning cloths, etc.), pencil
- Marching show music (Pep music will be distributed at camp)

Transportation to and from Band Camp is provided.

Band Camp Checklist

DEADLINE – Forms & Payment: May 14, 2018

Below is a check-list of forms **required to be returned, along with your fee.** .

_____ **PAYMENT INFORMATION (only payment receipts will be accepted)**

_____ **STUDENT INFORMATION FORM**

_____ **SUSD PERMISSION FORM**
(Parent Signature Required)

_____ **PARENTAL PERMISSION FORM**
(Parent Signature Required)

_____ **DRUG/ALCOHOL/SMOKING POLICY FORM**
(Parent **AND** student signatures required)

_____ **BAND MEDIC KIT**
(Parent Signature Required)

_____ **MEDICATION ADMINISTRATION FORM**
(Parent Signature Required)

_____ **STUDENT INSURANCE FORM**
(Parent Signature Required)

Parents are welcome to join us at camp as CHAPERONES!

- Parent volunteer chaperones must complete the SUSD chaperone forms and training.
- If you are interested in chaperoning, please contact the Band Director by email:
mirvin@susd.org

Payment Information Band Camp 2018

Band Camp: \$400.00/student

- 100% of Band Camp is eligible for tax credit.
- Payer will need to decide if they want Tax Credit at time of payment – a TAX CREDIT form will need to be submitted at the time of payment. Forms are available from the Bookstore or Mrs. Irvin.

Payment Instructions:

- **Payments may be made in the DMHS Bookstore or on-line. Please contact the DMHS Bookstore if you have any questions.**
- **Mrs. Irvin will ONLY collect payment receipts.**
- **ONLY receipts will be accepted as confirmation that Camp payment has been made.**
- **Getting receipts to Mrs. Irvin is the responsibility of the payor. Receipts may be delivered to Mrs. Irvin, or copied and emailed to mirvin@susd.org**

_____ (Print Student Name)

Student Information Form 2018-19 School Year

Student Name _____ Are you a Senior _____
(First & Last)

Age on August 1, 2018 _____ T-Shirt Size _____ (S, M, L, XL)

Instrument(s) _____ Color Guard _____
Marching Season _____
Concert _____
Jazz _____

Student Cell # _____ Student E-Mail _____

Student lives with: Both Parents _____ Father _____ Mother _____ Other _____

Father/Guardian

Name _____ E-Mail _____
(First & Last)

Address _____
(Street, City, Zip)

Cell # _____ Home # _____ Work # _____

Mother/Guardian

Name _____ E-Mail _____
(First & Last)

Address _____
(Street, City, Zip)

Cell # _____ Home # _____ Work # _____

Emergency Contact _____

Phone # _____ Relationship _____

Primary Doctor _____ Phone _____



Scottsdale Unified School District

Parent or Guardian Permission for School Trip Fee Over \$15.00

Student Name and I.D. #: _____ School: _____

Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

1. TRIP INFORMATION:

- a. Class that has arranged the trip: [Desert Mountain HS Band](#)
- b. Date of the trip: [July 30, 2018 – May 25, 2019](#)
- c. Location/destination of the trip: [All Marching Band or Drumline Events through the 2018-2019 School Year](#)
- d. Time leaving school: [Varies depending on Events](#)
- e. Time returning: [Varies Depending on event](#)
- f. Trip Supervisor(s): [Michele Irvin, Director, DMHS Band](#)
- g. Means of transportation: [Charter Buses, School Buses, Activity Buses](#)
- h. Fee: \$_____. (See below*)

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
- b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
- e. Other expectations/instructions: _____

In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

3. ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

4. PERTINENT MEDICAL INFORMATION: Please advise of any medical condition the teacher may need to be aware of, i.e. allergies, medications, etc.:

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 – Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Parent/Guardian #2 – Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

Parent/Guardian's Signature: _____ Date: _____

This is a blanket permission slip for the entire school year for Marching Band and Drumline related activities. Please be sure to check times of departures and returns on the Booster webpage at www.dmhsband.org and register for the weekly emails and updates as they pertain to band activities. The google calendar is also on this website and will be updated with the full years activities by June 2018. Thank you.

Parental Permission Form
2018-19 School Year
Desert Mountain High School – Bands

CONSENT AND AUTHORIZATION

I, the undersigned, parent or guardian of _____,
do hereby give consent for him/her to attend **BAND CAMP, PARTICIPATE IN THE ACTIVITIES,
CONCERTS AND ALL OTHER BAND-SPONSORED EVENTS DURING THE 2018 - 2019 SCHOOL
YEAR.**

I, the undersigned parent or guardian of the above-named student, do hereby give and grant unto any available medical doctor of hospital, by consent and authorization, consent to any x0ray exam, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should the above-mentioned student be injured or become ill while participating in an authorized band activity sponsored or sanctioned by the Desert Mountain High School Band.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of a representative of the Desert Mountain High School Band to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

A photocopy of this authorization for care shall be as valid as the original document. It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current 2018-2019 marching/concert season.

Parent/Guardian Signature

Date

Band Director Signature

Date

(The Band Director will sign this form when returned with other Band Forms.)

Drug/Alcohol/Smoking Policy Form

Desert Mountain High School
2018-2019 Marching/Concert Season

Dear Parents and Students:

Welcome to another school year! Band is a special part of your student's educational experience. Our goal is to provide him/her with a rewarding, educational and enjoyable learning experience. Since the band spends so much time together, in many different settings, there is one rule that will result in discipline:

ANY STUDENT CAUGHT IN THE POSSESSION OF, OR UNDER THE INFLUENCE OF, DRUGS, ALCOHOL OR FOUND SMOKING DURING ANY BAND ACTIVITY WILL HAVE DISCIPLINARY ACTIONS TAKEN BY THE BAND DIRECTOR, THE SCHOOL AND DISTRICT.

Our responsibility for the safety of each student is one we take seriously. If you have any questions, please contact the Band Director. This form extends throughout the current 2018-2019 marching/concert season, which commences with Band Camp 2018.

Thank you,

Michelle Irvin
Desert Mountain HS Band Director

Parent/Guardian Signature

Student Signature

BOTH PARENT AND STUDENT SIGNATURES REQUIRED

(Print Student Name)

**Band Medic Kit
Permission to Administer Medication
2018-2019 School Year**

The following medications are available in the Band Medic Kit. I authorize the administration of the following medication(s) to my student according to the directions provided on the original package unless otherwise indicated below under "Directions". This form will remain on file in the Desert Mountain High School Band Medical Book for the entire 2018-2019 school year. NO medication will be administered to your student without your initials and signature.

Medication	Strength	Directions	Initials
Acetaminophen (Tylenol)	325 mg		
Ibuprofen (Advil)	200 mg		
Pseudoephedrine HCL (Sudafed)	30 mg		
Tums	1 Tab		
Diphenhydramine HCL (Benadryl)	25 mg		
Aloe Lotion	Topical		
Hydrocortisone Cream 1%	Topical		
Neosporin	Topical		
Throat Lozenges	1 Tab		

Medication Allergies: _____ **YES** _____ **NO**

If yes, please explain:

Parent/Guardian Signature

Date

(Print Student Name)

Medication Administration Form

Personal Medications

Student Name _____

Allergies (Food/Drug) _____

My student will be bringing and taking the following medication at Band Camp:

Medication	Please Check	
	Student will Keep & Administer	Parent Volunteer Will Keep & Administer

Prescription Medication: Must be in original pharmacy container with the original pharmacy label.

Non-prescription (over-the-counter) Medication: Must be in the original container. Will be given per package instructions unless noted above.

Transporting Medication

Self-Administered Meds: I give permission for my student to transport medication(s) to and from Desert Mountain HS Band Camp. All medication(s) must be kept with my student in a secure manner and unavailable to other students. I understand and have informed my student that it is his/her responsibility to take medication(s) on time and per package/physician instructions.

Parent Volunteer Administered Meds: Medication(s) will be given to the parent volunteer at the time of Band Camp check-in. I understand and have informed my student that it is his/her responsibility to report to the parent volunteer to receive the medication(s) at the prescribed times.

Parent/Guardian Signature _____ Date _____

Print Name _____

_____ (Print Student Name)

Student Insurance Form
2018-2019 School Year
Scottsdale Unified School District
Scottsdale, Arizona

Student Name _____ attends Desert Mountain High School.

Parent/Guardian Name _____ I, the undersigned parent or guardian of the above-mentioned student, do hereby understand that the Scottsdale Unified School District requires all students participating in athletics, in any school-sponsored off-campus activity or to be enrolled in any classes considered to be in hazardous subject areas, such as shop, etc., to be covered by an insurance program. Fully understanding and accepting all responsibility and absolving the School Board and the School District in lieu of any required insurance for my son/daughter (ward). I further accept full responsibility for all obligations, financial or otherwise, which may result from injuries while participating in the above-mentioned activities to the said student.

My son/daughter (ward) is covered by the following insurance:

Name of Insured _____ Phone _____

Employer _____

Group Number _____ Member ID _____

Card Holder Date of Birth _____ Pre-Certification Required? _____ Yes _____ No

If yes, please give phone number _____

Please include a copy of your insurance card

Check here if you do NOT have insurance _____

I, the undersigned parent or guardian of the above-named student, do hereby confirm with my signature below that I do not have insurance coverage of said student. By signing below, I acknowledge that I accept full responsibility for all expenses incurred of any physician and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should the above-mentioned student be injured or become ill while participating in an authorized Band/Orchestra activity sponsored or sanctioned by Desert Mountain High School.

Parent/Guardian Signature

Date

Print Name