

Boardman Band

Boardman High School
7777 Glenwood Avenue
Youngstown, Ohio 44512



Grammy Signature School



THE GRAMMY
FOUNDATION®

Phone: (330) 726-3420
Fax: (330) 758-7515
Tom.Ruggieri@boardmanschools.org
www.boardmanband.org

Semi-Sweethearts Summer Dance Camp

Come join the Boardman Band "Spartan Sweethearts" at a three day dance camp filled with dance, music, and fun! You and your friends can learn dance routines taught by the Spartan Sweethearts to the sounds and music of the Boardman Spartan Marching Band, and maybe even PERFORM with the BAND! Experience that Boardman Spartan Marching Band pride! ☺

- For Girls in Boardman Elementary Schools, Grades K-3
- Tues. – Thurs., June 18, 19, 20
- 12:00pm – 3:00pm
- Boardman High School Main Hallway
- Cost is \$40 (Includes snacks, craft supplies, and a camp T-shirt)



Registration information can be found on the Boardman Band Website: www.boardmanband.org. Click on Semi-Sweethearts Dance Camp.

*****Participation will be limited to the first 40 applications received.*****

REGISTRATION FORM

Name: _____ Grade: _____

Street Address: _____ Zip: _____

Parent(s): _____

Phone: _____ Cell: _____

Parent's Email _____

School: _____ T-shirt size: _____

Complete Registration Form and Emergency Medical Authorization. Send it along with a check for \$40 made out to BBOP, Inc. by June 4, to:

Boardman Band
Semi-Sweethearts Dance Camp
7777 Glenwood Ave.
Youngstown, OH 44512

Questions:
Deana Girardi (330) 719-8093 girardi@zoominternet.net
Patty Schwendeman (330) 565-6518 pele9394@zoominternet.net

THOMAS M. RUGGIERI, Director of Bands
TIMOTHY P. TUIITE, Assistant Director
MICHAEL J. SHEVOCK, Assistant Director

Boardman Local Schools Emergency Medical Authorization

PART I OR PART II MUST BE COMPLETED

PART I (CONSENT FOR TREATMENT)

Student Last Name _____ First _____ School _____
 Address _____ City _____ Zip _____

Home Telephone _____ Birthdate _____ Grade _____ Homeroom _____

Mother's Name _____ Father's Name _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Purpose - to ENABLE parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

IN the event reasonable attempts have been unsuccessful to contact a parent at the above numbers you have my permission to contact anyone listed below:

Name	Phone	Relation

IMPORTANT NOTICE
 1. List at least 2 contact persons (other than parents)
 2. PLEASE update information - changes in name, address, phone number, etc.
 3. List medical conditions - allergies, asthma, diabetes, epilepsy, etc.
 4. List medications. Include inhalers, pills and liquids.
 The STATE OF OHIO **requires** the Medical Emergency Authorization form to be completed **and on file** in the school ANNUALLY.
 This enables us to assist your child in times of illness and/or injury. **Thank You**

I HEREBY GIVE MY CONSENT for: (1) the administration of any treatment deemed necessary by Dr. _____
 (Preferred Physician/Phone Number) _____
 or Dr. _____, or, in the event

(Preferred Dentist/Phone Number) _____
 the DESIGNATED preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of each surgery.

FACTS CONCERNING THE CHILD'S HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS SUCH AS HEART CONDITION, DIABETES, EPILEPSY, ETC., TO WHICH A PHYSICIAN AND SCHOOL STAFF SHOULD BE ALERTED.

Date _____ Signature of Parent Guardian Giving CONSENT _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL OF CONSENT FOR TREATMENT)
 I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR TO:

Date _____ Signature of Parent Guardian Giving NO CONSENT _____
 9/2001