



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 22, 2017

We're excited to kick off the 2017 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 @gohsband to 81010. In addition to Remind 101, our band website is WWW.GOHSBAND.COM and our Twitter is @GlenOak_Band

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 We now use an online absence reporting system on our band website, 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 each students' ability to learn their music. We assess all students on an individual basis 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 in the students' music folder for each show. 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.

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 or 330-491-3937.*

1. PLIMPA Fee \$80 for New HS Band Members or \$55 for Returning Members

This fee was collected at the May 22nd band rehearsal. This fee covers the following band expenses for the year. If this fee is not paid on May 22nd, please mail it in by June 23rd to: PLIMPA, Po Box 8748, Canton, Ohio 44711

- Uniform Cleaning for the entire year
- Band camp instructional staff
- 2017 Band T-Shirt
- Band shorts for New Band Members
- Tux shirt for New Band Members

2. Uniform Accessories

Students purchase uniform accessories during the week of July 17 at their Uniform fitting.

New band students will need to purchase the following items:

- | | | |
|----------------------------------|----------|--------------------------------|
| • Band shoes | \$34 | [1 pair needed] |
| • Spats for shoes | \$12 | [1 pair needed] |
| • Green baretts for tuba players | \$12 | |
| • White gloves | \$4/pair | [suggested to purchase 2 pair] |

The above items are also available for returning members. Should a returning member need to purchase replacement shorts, please indicate that when you register on May 22nd for an extra \$18. If new shoes need to be ordered, this must be done during the uniform fitting week. Replacement Tux Shirts can be purchased for \$18 in November. 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 17: Seniors 6-8 PM
- July 18: Juniors 6-8 PM
- July 19: Sophomores 6-8 PM
- July 20: Freshmen (Woodwinds/Perc Only) 8-9 PM
- July 21: Freshmen (Brass Only) 8-9 PM

*All Band Students: These are necessary for you to try on your uniform and get any minor alterations done.
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 \$650.00

Instruments & Lockers

All students need working instruments for rehearsal and performances. This includes having reeds, etc. **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. **All students must test their Pregame music during the week of July 17-20 (Mon.-Thurs.) according to the schedule provided.** Halftime #1 music will be tested during camp. **DO NOT WAIT UNTIL BAND CAMP TO BEGIN MEMORIZATION!** Both Pregame and Halftime #1 will be performed MEMORIZED on August 3. **You need to purchase a lyre and flip folder to use at all rehearsals.**

Pregame Music

* GOMB Warm-Up - By 7/20/17
* On Eagles and Screamin' Eagles (GO Fight Song) - By 7/20/17
* GO Alma Mater - By 7/20/17
* Star Spangled Banner - By 7/20/17
Bad Romance - By 7/20/17

Halftime #1 Music

Shake It Off 7/25/17 (Opener)
Can't Stop the Feeling 7/27/17
September 7/31/17
Faith 8/2/17 (Closer)

* Students who earned a 10/10 on 2016 Pregame (On Eagles & Screaming Eagles, Alma Mater, Warm Up, and Star Spangled Banner) do not have to test those pregame songs in 2017. A list is posted in the band room.

Majorettes/Color Guard Instrumentalists: Must test "On Eagles/Screaming Eagles" and "Alma Mater" by 7/20/17. Members must also select 1 song per halftime show to test by the publicized deadlines.

Medical Forms

Attached is a medical form that must be completed (both sides) and signed in order to authorize the directors and chaperones to treat your child in the event of a medical emergency. Please complete this form and bring it to your **first band practice in July**. There is also a **Medication Administration Record (MAR)** which must also be returned if your child is to receive ANY medication while at a band function (including inhalers). **All medications must be in their original containers and properly labeled. Medications administered during band functions must be turned into directors with the MAR Form.**

Band Camp

A successful band camp is essential to a good marching band. Everyone is responsible for coming to camp with their Pregame Music tested by Thursday, July 20th. All halftime #1 music will be tested during band camp. 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 from camp. 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 band camp grade.

Your Summer Schedule has the entire band camp schedule detailed. Every section has 2 sectionals planned per week with time on the off days to test off music (music played by memory). **Music must be tested by the deadlines assigned. If you want to be written into Show #2, test your Pregame music on time.** Lunch is on your own. You may bring a lunch to school, go home, or go out. That is your responsibility.

We will have several parents on hand, including medical staff, each day. We will provide regular water breaks (water provided) throughout the rehearsal. Please dress for the weather, including the use of sun block!

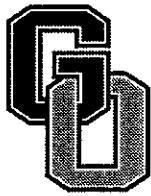
Evening Fun Activities

During band camp, we work very hard but we also like to have some fun too. On Tuesdays and Thursdays, we will have some evening activities. In the past, we have had movie nights, roller skating, swimming, etc. As we approach camp, we will let you know what activities will be on which nights. But for now, please plan for these activities to be on Tuesdays and Thursdays during the first week.

Lastly, we are excited that you are becoming a member of the 2017 Golden Eagle Marching Band! You are in for an exciting and rewarding experience.

Mr. Irwin irwinc@plainlocal.org
Mrs. Giotta giottak@plainlocal.org
Mrs. Laux lauxe@plainlocal.org

Band Office Phone 330-491-3937
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2017 GLENOAK MARCHING BAND

<i>Date</i>	<i>Event</i>	<i>Time</i>	<i>Meeting Location</i>
MAY			
22 (M)	2017 Marching Band Rehearsal (all 8-11th Gr)	6:30-8:00 PM	GlenOak Band Rm.
JULY			
17 (M)	Leadership Meeting (Section Leaders & Directors)	10:00AM-12:00 PM	GlenOak Conf. Rm.
17-19 (M-W)	Freshmen Practices	6:00 PM-8:30 PM	GlenOak Band Rm.
17-21 (M-F)	Uniform Fittings <i>Mon - Seniors 6-8 PM; Tues - Juniors 6-8 PM; Wed - Soph 6-8 PM; Thurs - Freshmen WW's 8-9 PM; Fri - Freshmen Brass & Perc. 8-9 PM</i>	Evenings	GlenOak Music Aux.
17-21 (M-F)	Drum Camp	8:00 AM-Noon 6-8:30 PM	GlenOak Band Rm.
17-19 (M-W)	Music Checks <i>Mon—All Sections, Tues—Brass Only, Wed— WW's Only</i>	4:30-5:30 PM	GlenOak Band Rm.
18 & 20 (T/Th)	Voluntary Music Rehearsals	9:00 AM-10:30 AM	GlenOak Choir Rm.
18 & 20 (T/Th)	Music Checks All Sections	10:30 AM-Noon	GlenOak Band Rm.
20-21 (Th-F)	Full Marching Band Rehearsal	6:00PM-8:30 PM	GlenOak Band Rm.
24-28 (M-F)	Band Camp Week 1 <i>7:30 AM-11:15 AM Full Band Rehearsal 11:25-12:15 PM Daily Sectionals w/ music checks</i>	7:30 AM-12:15 PM	GlenOak
28 (F)	Band Pool Party	6:00-9:00 PM	TBA
29 (Sa)	Car Wash at Wendy's Washington Square <i>Sophomores and Seniors</i>	9:30 AM-2:30 PM	Washington Sq.
31-Aug 3 (M-Th)	Band Camp Week 2 <i>4:30-5:30 PM Daily Sectionals 5:30-6:00 PM Daily Music Checks 6:00-9:00 PM Full Band Rehearsal</i>	4:30-9:00 PM	GlenOak
AUGUST			
3 (Th)	Band Parent Show	8:30 PM	GlenOak Stadium
4 (F)	Picture Day	8:30 AM-10:30AM	GlenOak
5 (Sa)	2017 Pro Football Hall of Fame Parade	5:45 AM-9:30 AM	GlenOak
6-13	No Rehearsal—Vacation Week		
14-17 (M-Th)	Evening Band Rehearsals	6:00-8:30 PM	GlenOak
19 (Sa)	Car Wash at Wendy's Washington Square <i>Freshmen and Juniors</i>	9:30 AM-2:30 PM	Washington Sq.
21 (M)	Band rehearsal for Stark County Fair <i>Be ready to depart HS by bus at 6:30 PM. We will return by 8:30 PM</i>	6:30 PM - 8:30 PM	GlenOak
22 (Tu)	Evening Band Rehearsal	6:00-8:30 PM	GlenOak
23 (W)	5th Grade Recruitment Performance <i>This is for 10th, 11th, and 12th graders - We will bus from HS to Glenwood - Return to HS by 3:15 PM</i>	1:00-3:15 PM	GlenOak
24 (Th)	After-School Rehearsals Begin (every Mon & Thurs)	2:30-4:00 PM	GlenOak
25 (F)	GO vs Toledo Whitmer HS (Home)	5:15 PM/7:00 PM KO	GlenOak
29 (Tu)	Stark County Fair	4:00 PM/5:15 PM Perf.	GlenOak

(OVER)

<i>Date</i>	<i>Event</i>	<i>Time</i>	<i>Meeting Location</i>
SEPTEMBER			
1 (F)	GO vs Massillon (Away)	5:15 PM/7 PM KO	GlenOak
8 (F)	GO vs. St. Thomas More, Ontario (Home—Alumni Band)	5:15 PM/7 PM KO	GlenOak
9 (Sa)	Lake High School Band Show	5:30 PM/7:00 PM	GlenOak
10 (Sun)	GlenOak Band Quarter Auction <i>Not Mandatory - This is a fundraiser</i>	6:00-9:00 PM	GlenOak Commons
15 (F)	GO vs. Hoover (Home)	5:15 PM/7:00PM KO	GlenOak
16 (Sa)	Plain Local Family Fun and Fit Day	8:30-9:30 AM	GlenOak
16 (Sa)	Stow High School Band Show	4:45 PM/7:00 PM	GlenOak
22 (F)	GO vs. Green (Away)	5:15 PM/7:00 PM KO	GlenOak
23 (Sa)	2017 GO Marching Band Mattress Sale <i>Not Mandatory - This is our annual band uniform fundraiser</i>	9:00 AM - 5 PM	GlenOak
29 (F)	GO vs. Jackson (Home-8th Grade Band Night)	5:15 PM/7:00 PM KO	GlenOak
OCTOBER			
7 (Sat)	GO vs. St. Ignatius (Away)	4:00 PM/7 PM KO	GlenOak
13 (F)	GO vs. McKinley (Away)	5:30 PM/7 PM KO	GlenOak
20 (F)	GO vs. Lake (Home-Senior Night)	5:15 PM/7 PM KO	GlenOak
23 (M)	Marching Band Concert Dress Rehearsal	6:00-8:30 PM	GlenOak Theater
24 (Tu)	GO Marching Band Concert and Pot Luck Dinner <i>Pot Luck Dinner begins at 5:30 PM with the Concert at 7 PM</i>	5:30 PM/7 PM	GlenOak
27 (F)	GO vs. Perry (Away)	5:15 PM/7 PM KO	GlenOak
NOVEMBER			
3 (F)	<i>Potential Football Play-Off Game #1 (Regional Qtr)</i>	TBA	
10 (F)	<i>Potential Football Play-Off Game #2 (Regional Semi)</i>	TBA	
17 (F)	<i>Potential Football Play-Off Game #3 (Regional Final)</i>	TBA	
24 (F)	<i>Potential Football Play-Off Game #4 (State Semi)</i>	TBA	
DECEMBER			
1 (F)	<i>Potential State Football Championship Game</i>	TBA	

- All football games start at 7:00 PM (unless changed by Athletic Dept.)
- Band departs from GlenOak HS for all events on this calendar
- Students should always wear their Band Shorts, 2017 Band T-Shirt, Black (calf high) Socks, Band Shoes/Spats when reporting for a band performance. *See band handbook for additional uniform requirements.*
- *Home Games:* Band students can report at the listed time in band shorts, band shirt, black socks and black shoes/spats
- *Away Games and Band Shows:* Students need to be in band uniform 15 minutes after call time ready for attendance. Building opens 20 minutes before call time. Call time is the first time listed.
- All Band Rehearsals: Make sure you have tennis shoes and socks.
- *Band Rehearsals After School:* Mondays and Thursdays from 2:30 PM-4 PM
- *Attendance Policy:* Directors need a minimum of 2 weeks written notice if missing a band rehearsal/3 weeks written notice if missing a performance unless of an emergency or illness. This can be done by filling out the online form on the band website or turning in an Absence Form which is found also on the website.

All Rehearsals and Performances are required and graded.

EMERGENCY MEDICAL AUTHORIZATION

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. This information may be shared with the educational team to best meet your child's needs.

Student Name _____ Phone # _____ Bus # _____
 Address _____ School District _____
 _____ School Attending _____
 Address Change Y N Birth Date _____ Sex M F Grade _____ Home Room _____

Residential Parent or Guardian ****Email** _____

Mother _____ Day Phone # _____ Cell # _____
 Father _____ Day Phone # _____ Cell # _____
 Other Contact _____ Relationship _____ Phone # _____
 Other Contact _____ Relationship _____ Phone # _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone # _____
 Dentist _____ Phone # _____
 Medical Specialist _____ Phone # _____
 Hospital _____ Phone # _____

Check below any CURRENT health condition that may require attention during the school day:

<input type="checkbox"/> Allergies (be specific) <input type="checkbox"/> Foods _____ EpiPen ___ Yes ___ No <input type="checkbox"/> Medicines _____ <input type="checkbox"/> Bee Stings _____ EpiPen ___ Yes ___ No <input type="checkbox"/> Other _____	<input type="checkbox"/> Asthma Uses emergency inhaler ___ Yes ___ No Inhaler will be at school ___ Yes ___ No	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart problems (be specific) _____	<input type="checkbox"/> Physical disability (be specific) _____	<input type="checkbox"/> List all medications and dosages your child receives on a continual basis: _____	<input type="checkbox"/> Other health conditions (be specific) _____	<input type="checkbox"/> Previous surgeries (be specific) _____	<input type="checkbox"/> Previous concussion/head injury-year _____	<input type="checkbox"/> Hearing problems Has hearing aids ___ Yes ___ No	<input type="checkbox"/> Vision problems (be specific) _____	Wears: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts _____	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Behavior/emotional problems _____	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> NO CURRENT HEALTH CONDITIONS
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PLEASE COMPLETE PART I OR PART II — NOT BOTH

Part I — TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

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

Date _____ Parent or Guardian Signature _____

Part II — REFUSAL TO CONSENT

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 _____ Parent or Guardian REFUSAL Signature _____

Plain Local School District

Medication Administration Record (MAR) General Medication Form (Including Asthma Inhaler and Epinephrine Autoinjector Use)

Student Information

Student name			Date of birth	
Student address				
School	Grade/Class	Teacher		School year
List any known drug allergies/reactions			Height	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 <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 <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 original 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