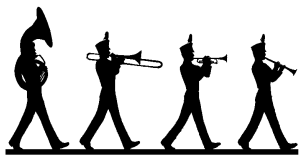


SMF High School Marching Band

SMF Band Parents Association



Marching Band Camp 2018



TO PARENTS AND BAND MEMBERS:

Your directors and camp committee are completing plans for the **2018 Marching Band Camp**. We hope you are looking forward to this week of hard work, practice and fun. This year will mark as change for us as we move into new dorms. Please read information carefully especially Roommate Choice as this has **changed**.

FACTS ABOUT MARCHING BAND CAMP:

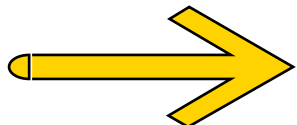
- DATES:** Sunday, August 5th - Friday, August 10th, 2018
- DEPARTURE:** Sunday, August 5th, 12:00 noon, from the High School
- RETURN:** Friday, August 10, 4:30 PM
- PLACE:** Edinboro University, Edinboro Pennsylvania
- TRANSPORTATION:** Students will be transported by school busses. All suitcases and sleeping bundles will go by truck and band bus. Packing will be on Saturday, August 4, from 1:00- 2:00 PM. A small number of students may be selected to ride to camp with the chaperones to set up the dorm. All other students are expected to ride the bus.
- STAFF:** Band Directors, College Assistants, Female & Male Adult Chaperones
- HOUSING:** Students and staff will be housed in a college dormitories. Girls & boys will be housed separate dorms. Our dorms at Edinboro are suites and house four (4) **students per suite**. Roommate sign-ups will be done during band on May 30th during the exam period (Freshmen - May, 14). **NO REQUESTS FOR CHANGES IN ROOM ASSIGNMENTS WILL BE MADE AFTER THE CARD IS SUBMITTED. Students will submit one index card per room with students names and signatures.**
- MEALS:** All Meals will be provided by the cafeteria staff of Edinboro University. Students must eat something at each meal. Cereal and peanut butter & jelly are available at each meal. In the afternoons, chaperones will have soda/ water on sale (at a reduced rate) and will take orders for pizza. Pizza will be delivered at 9:00 PM.
- RECREATION:** Swimming pool, basketball, volleyball, pool tables, electronic game room, tennis courts and a running track. The University Snack Bar and University Store is open throughout the day.
- COSTS:**
- | | |
|-------------------------|--|
| For 1 Student: | \$310.00 (\$280.00 camp + \$30.00 {uniform user fee}) |
| For 2+ Students: | \$310.00 (first student, \$ 280 for second or more { \$250 camp + \$30 uniform user fees.}) |
- ASSISTANCE:** Should a student need financial assistance with camp fees, scholarships are available. Contact Mr. Newman: st_newman@smfcsd.org. If you wish to be considered for financial assistance, please understand that the Band Parents Association **DOES** expect those applying to actively participate in all Band Fundraisers and be willing to assist with any volunteer capacity throughout the year.

PAYMENT:

The **DEPOSIT**, 1/2 of the band camp/ uniforms coast (\$160) is **DUE BY MAY 1, 2017** Balance of payment (\$150) is **DUE BY JUNE 1st.**

PLEASE MAKE ALL PAYMENTS BY CHECK OR USE PAYPAL TO PAY IN FULL ! (USE LINK FROM THE WEBSITE)

MAKE CHECKS PAYABLE TO: STOW-MUNROE FALLS BAND PARENTS ASSOCIATION



MAIL PAYMENTS & FORMS TO:

Stow-Munroe Falls Band Boosters
PO BOX 2454
Stow, OH 44224

**** NOTE: Please include part of the payment form with the check. If you choose to use students accounts, please notate the amount to be used on the payment stub. Directors will **NOT** except payments and forms.

FORM DESCRIPTIONS:

FORM #1: Please inform us of all pertinent medical history so we can provide the best care Medical Authorization SMF Band Emergency for your child in the case of an emergency. Students should be in good health & have an up-to-date tetanus shot before camp starts in August. Any students with special diets should include that information on their Emergency Medical Form. Remember your braces or ace bandages if you have knee/ ankle problems.

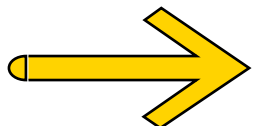
ALL MEDICATIONS MUST BE GIVEN TO THE BAND CAMP NURSE DURING THE PACKING TIME SATURDAY, AUGUST 4. ALL MEDS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE & IN A ZIPLOCK BAG WITH THE STUDENT'S NAME PRINTED ON THE BAG. SINCE THIS IS A SCHOOL ACTIVITY, ALL MEDS WILL BE DISPENSED & MONITORED BY THE NURSES.

Carefully read & sign SMF Emergency Medical Authorization indicating your child's treatment instructions in case of an emergency.

FORM #2

Carefully read & complete all **three** areas of **FORM #2.** The **Travel Permission Form** , grants permission for your child to travel with the band for school events. The **Handbook Acknowledgment** affirms that both student and parent have read the handbook. Finally, the **Name and Photo Release** allows permission to use students name, photo or scholastic work to utilize within internet web publications including the band newsletter and band website.

FORMS ARE DUE BY MAY 1st ALONG WITH THE INITIAL PAYMENT
ALL THREE FORMS ARE REQUIRED BEFORE YOUR CHILD IS PERMITTED TO PARTICIPATE IN ANY BAND ACTIVITY.



MAIL FORMS to:

Stow-Munroe Falls Band Parents Association
PO BOX 2454
Stow, OH 44224

EMAIL ANY QUESTIONS TO:

Mr. Newman: st_newman@smfsd.org



CONDUCT: All school and band rules as listed in the Band Handbook apply at band camp. If you have any questions, email the band directors.

WITHDRAWALS/REFUNDS: No refunds will be given to any student or family withdrawing after the start of Pre-camp or leaving early for team practices.

WHAT TO BRING: A detailed list will be given in July, but in general:

1 Medium Sized Suitcase: with clothing, good socks, alarm clock, personal hygiene items, towels, band aids, lip balm or chapstick, insect repellent, sun block (30+), rain gear, swimsuit, jacket or sweater, water bottle (for when on field) 2 pairs of shoes and hat. **SANDALS OR BARE FEET ARE NOT PERMITTED FOR MARCHING. SOCKS MUST BE WORN TO PREVENT BLISTERS. COMPRESSION SHORTS ARE ENCOURAGED TO PREVENT CHAFFING DUE TO MARCHING.**

Bedroll: In a garbage bag with **FULL SIZED SHEETS**, pillows, blanket and/or sleeping bags. The university does not provide linens.

Due to lack of space on the box truck, refrigerators, TV and monitors are not permitted.

Spending Money: may be needed for buying soda and ordering pizzas in the evenings. Students will need \$3. to help pay for the **end of camp party**.

***** **The Instrument/Luggage Trucks** will be packed on **Saturday, August 4th from 1:00-2:00PM**. All students should drop off instruments and luggage during these times. Percussion and tubas are required to drop off their instruments by 12:45 PM as they need to be loaded first.

INSTRUMENTS: Be sure your instrument is in good playing condition. Bring extra supplies to keep it working (oil, reeds, drum sticks, tape, etc.) Please have it inspected before camp. As always, **FLIP FOLIOS ARE A REQUIRED ITEM FOR EVERYONE!** Flutes will need a *flutist friends lyre*. Music lyres are also required for all instruments except percussion and tubas. Percussionists should purchase page protectors and rings to keep their music together.

CELL PHONES: Students are permitted to bring cell phone to camp, however they are permitted to use them during free times (3-5, 9-11). Cell phones should never be used to contact parents if students ill. Directors & nurses should be advised & they will call parents.

CHAPERONES: If you can help pack or unpack the truck please contact Joel Biggs: jbiggs99@gmail.com

STOW-MUNROE FALLS BAND PARENTS: In addition to helping pay camp fees for families with two or more children, the Stow Band Parents also assist with:

- | | |
|--|---|
| * Wages for College Assistants | * Room & Board for Directors & Chaperones |
| * Truck Rental for Luggage & Instruments | * Radios & Medical Supplies |

***** INFORMATION FORMS AND RECORD OF PAYMENTS *****

COMPLETED FORM:

due by May 1st:

Mail all forms to:
Stow-Munroe Falls Band Association
PO BOX 2454
STOW, OH 44224

___ Form #1 (SMF Emergency Medical Form)

___ Form #2 (Permission/Handbook Acknowledgement/Media Release)

RECORD OF PAYMENTS

Keep this portion for your records.

DATE	STUDENT'S NAME/S	PAYMENT	CHECK #
------	------------------	---------	---------

5/1/2018

6/1/2018

Contact our treasurer regarding student account questions? contact: stowbandtreasurer@gmail.com

FIRST PAYMENT

Detach and Return with Payment by MAY 1, 2018

STUDENT'S NAME

PAYMENT

Mail to:

Mail all forms to:
Stow-Munroe Falls Band Association
PO BOX 2454
STOW, OH 44224

You have my permission to use \$ _____ from my student account.

Total Enclosed: _____ Date: _____

FINAL PAYMENT:

Detach and Return with Payment by JUNE 1, 2018

STUDENT'S NAME

PAYMENT

Mail to:

Mail all forms to:
Stow-Munroe Falls Band Association
PO BOX 2454
STOW, OH 44224

You have my permission to use \$ _____ from my student account.

Total Enclosed: _____ Date: _____

FORM #1: EMERGENCY MEDICAL AUTHORIZATION FORM



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 can not be reached. This form is necessary for students to travel on any band trip through July 4, 2019. Please complete **both sides** of the sheet and **PRINT 2-sided**, if possible.

STUDENT INFORMATION:

STUDENTS NAME _____ Age _____ Grade _____
Last First Middle

HOME TELEPHONE: () _____ Date of Birth _____

ADDRESS _____ LEGAL CUSTODY is held by (circle)
Street Father Mother Joint
City State Zip other _____

STUDENT'S CELL PHONE NUMBER () _____

PARENT/GUARDIAN INFORMATION:

FATHER'S / GUARDIAN'S FULL NAME _____

ADDRESS _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMPLOYER _____ WORK PHONE NUMBER _____

MOTHER'S / GUARDIAN'S FULL NAME _____

ADDRESS _____

HOME PHONE NUMBERS _____ CELL PHONE NUMBER _____

EMPLOYER _____ WORK PHONE NUMBER _____

NAME OF INSURANCE COMPANY: _____ Phone _____

POLICY / GROUP NUMBER _____

PERSON TO CONTACT IF UNABLE TO REACH PARENT/GUARDIAN:

NAME _____ RELATION TO STUDENT _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

OVER THE COUNTER MEDICATION DISPENSATION:

The band nurse and/or designated chaperones will have over-the-counter medications (for colds, upset stomach, headache, travel sickness, etc) available for students at their request. Please place an "X" in the box which indicates your intentions, then sign the appropriate line. NOTE: Aspirin is never dispensed to a student.

Do you wish for your child to receive these medications if needed?

YES _____ NO _____ PARENT/GUARDIAN SIGNATURE: _____ DATE _____

ANY MEDICATIONS THAT SHOULD NOT BE DISPENSED? _____

MEDICAL INFORMATION ON THE STUDENT

Student's Name _____

The following information is needed by any hospital or practitioner not having access to the student's medical history.

ALLERGIES: _____
(Include allergies to Food, Animals/Insects, Environmental)

NOTE: Students with allergies to bee stings should provide the band nurse/designated chaperone with a bee sting kit. This kit will be included with the first aid equipment for the duration of the band season..

ALLERGIES to MEDICINE (or Drugs): _____

PAST PERTINENT MEDICAL HISTORY _____

CURRENT MEDICAL CONDITIONS or MEDICAL DIAGNOSIS: (chronic injuries, major surgery, etc.) _____

DAILY MEDICATIONS: Needed as of today. Updates to this form will be made before we depart.

Name of Medication	Dosage	Time of Day
_____	_____	_____
_____	_____	_____

STUDENT HAS A PRESCRIPTION (as listed above) **& IS PERMITTED TO CARRY ON HIM/HER :**

____ Epi Pen (bee stings) ____ Inhaler (asthma) Parent signature _____
these are the only 2 medications that students may have in their possession.

PHYSICAL LIMITATIONS _____

DATE OF LAST TETANUS _____ **CONTACTS WORN?** Y N (Hard Soft)

DIET LIMITATIONS _____

FAMILY PHYSICIAN _____ **PHONE** _____

FAMILY DENTIST _____ **PHONE** _____

MED. SPECIALIST & SPECIALTY _____ **PHONE** _____

LOCAL HOSPITAL _____

----- Please read and sign **ONE** of the two lines -----

To Grant Consent for Treatment

I hereby give my consent, in the event that all reasonable attempts made to contact me at my home or my place of employment have been unsuccessful, for the administration of treatment deemed necessary by a licensed physician or dentist, and the transfer to any hospital or emergency care facility reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE** _____

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 the following actions:

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE** _____ (revised: 7/ 2009)

FORM # 2

BAND CAMP, PERFORMANCES & ACTIVITIES PERMISSION

This form must be completed, signed and returned before the student will be permitted to go to band camp or any other band activities as listed in the band calendar. **Please return this form**, and the **Emergency Medical Authorizations** to: SMF Band Parent Association, PO BOX 2454, Stow, OH 44224

STUDENT'S NAME: _____ **CLASS** Fr. Soph. Jr. Sr.

INSTRUMENT: _____ **PHONE** () _____

ADDRESS: _____ **CITY** _____

I hereby grant permission for my child, _____ to accompany the Stow-Munroe Falls High School Marching Band to any band activities: Band Camp, Football Games, Performances, Workshops and Clinics. I understand the rules and regulations of the band and school as stated and believe that necessary plans and precaution for the care and supervision of the students will be taken. Beyond this, I will not hold the school or those supervising the camp responsible.

Signature _____

Parent or Guardian

Date: _____

HANDBOOK ACKNOWLEDGEMENT

(see online: <http://smfband.org>)

I have read and understand the specifications listed in the **SMF Band Handbook**. I agree to conform to the rules and guidelines listed within; realizing that any infraction could result in my removal from a band activity and subject me to further school discipline, including dismissal from band. I also fully understand that my participation in rehearsals & performances is part of my grade & failure to meet commitments will be detrimental to my final grade.

Signature _____

Band Member

Date: _____

Signature _____

Parent or Guardian

Date: _____

RELEASE FORM FOR STUDENT's NAME, VIDEOS or PHOTOS:

I hereby grant permission for my child's name, photo, or school work to be displayed on the Stow-Munroe Falls School official school web site or the Stow-Munroe Falls Band Web Site. (Access to this website is not restricted and can be viewed by any internet user) for the purposes of: posting audition/ challenge results, photographs of the band in formations or concerts, names of students receiving awards, soloists for concerts or band officers. I understand that my child's name, school and grade placement may be revealed within such presentations, but that no grades or other evaluative measures of the work will be included.

Parent Signature: _____

Date _____

GENERAL BAND CAMP RULES:

1. All school and band rules as set in the SFMHS Band Handbook apply at camp.
2. Be on time and prepared for all activities. (i.e. extra reeds, valve oil, etc.)
3. Hazing is not permitted by Edinboro University, SMFHS Band Program or SMF City School District.
“Hazing is defined as doing any act or coercing another, including the victim, to do any act which causes or creates a substantial risk of causing mental or physical harm to any person. Permission, consent or assumption of risk by an individual subjected to hazing does not lessen the offense. Restraining a students may also constitute hazing.”
4. Students are only permitted on their own dorm floor unless accompanied by an adult chaperone.
5. NO SKATEBOARDS or Rollerblades.
6. Do not fraternize with college students.
7. No band member will leave College Grounds for any reason without the permission of Mr. Newman. When moving around campus always travel in groups---never alone!
8. Returning to dorms during rehearsal times or full group activities (including meals) without permission of the directors is not permitted. You must always take a chaperone with you.
9. **School dress codes are in effect at band camp.** Students should choose appropriate clothing that is both cool and offers protection from the sun. No bare feet or sandals are permitted on the field.
10. The inside & outside of dorms will be kept clean. Rooms will be inspected each morning.
11. No one is to hang out of windows or remove screens at any times.
12. All rules are enforced by chaperones and camp staff for your safety. Always be polite and respectful. Any changes in or deviation from the schedules can only be made by the directors. Don't assume anything.
13. Parents should monitor what your child takes to band camp. Due to room on the truck, TV's are not permitted. We discourage students from bringing Stereos, Computers or other expensive items to camp.
14. **Cell Phones** are only permitted during free times. They are never permitted in rehearsals at anytime. Failure to follow this rule will result in the phone being confiscated & returned upon returning home.
15. **Alumni are only permitted to visit between 6-9 on Thursday evening. These guests are not permitted during free time and are never permitted in the dorms.**

Medical Guidelines:

1. **ALL MEDICATIONS MUST BE GIVEN TO AND WILL BE ADMINISTERED BY THE NURSE.**
2. If you become ill, you must inform a director, chaperone and the nurse first! Please do not call parents without first talking to a nurse. For legal reasons, in the event a parent must be called, the call will be placed by the nurse or director.
3. Any student who can not participate in field drills due to injury, will refrain from activities which may lead to further injury during free time. Failure to follow the advice of the nurse or director will result in the loss of the students free time. Students who are injured and on the sidelines, must following what the band is learning unless informed otherwise by the nurse.

Parents: please consider consulting your physician about halting any medications that cause sun sensitivity during the week of band camp (ex. acne medications). We've had problems with severe sunburns on kids taking these kind of medications. If it can not be stopped, have your child plan accordingly: hat, sunglasses, high SPF & clothing that covers the shoulders, please!

Resident Hall Rules:

1. Articles Prohibited in Resident Hall Rooms Include:

- No alcohol or drugs	- No water balloons, squirt guns, etc	- No bicycles
- No animals or pets of any kind	- No microwaves or refrigerators	- No open flames
- No shaving cream fights	- No guns, knives, fire arms or weapons	- No firecrackers
2. Main doors to rooms must be propped open when a student is inside unless the student is sleeping or dressing. Once a student leaves the room, doors must be locked.
3. The student is responsible for damage or theft of university property & is liable for the full replacement cost.
4. Room keys are the responsibility of the student. The university charge is \$40.00 for a lost room key.
5. Students must be on their own floors by 10:00PM. Lights out at 11:00 PM.
From 11:00 PM to 6:00 AM no one is permitted out of their rooms for any reason.