

PARENTS AND BAND MEMBERS

Your directors and Music Association are completing plans for the 2011 band camp. We hope you are looking forward to this week of work, study, and fun. The purpose of this camp is to prepare the Hudson High School "SWING" Marching Band for the 2011 fall marching season. Band camp is a pre-requisite for participation in band.

FACTS ABOUT MARCHING BAND CAMP

DATES:

Sunday, July 31st through Friday, August 5th, 2011

DEPARTURE:

10:30 A.M. July 31st, 2011 from Hudson High School. All luggage will be brought to the evening rehearsal on Friday, July 29th.

TRAVEL:

Buses will be provided for all students. Students are NOT permitted to drive to band camp.

PLACE:

Allegheny College, Meadville, PA.

RETURN:

5:30 P.M. from Allegheny College on Friday, August 5th, 2011 to **Hudson's Lavelli Field**, where they will perform for their parents.

STAFF:

Band directors, college assistants, one nurse, adult female and male chaperones

HOUSING:

Students, directors, and chaperones will be housed in Allegheny College Residence Halls.

MEALS:

All meals will be prepared by the Allegheny College food service. All students must pack a lunch for Sunday, July 31st.

MEDICAL AND PERMISSION FORMS:

All permission forms and emergency medical forms are due no later than April 9th, 2011. These forms serve as your reservation for band camp. Make sure that all forms are absolutely complete and signed with both parent and student signatures.

ALL FORMS MUST BE IN ON TIME!

PAYMENT:

A non-refundable deposit of \$100.00 per student is due also by April 9th, 2011. Early deposit and completed forms are necessary so that planning for camp and the fall season performances can be finalized. **A second payment of \$135.00 is due by May 7th, 2011**. This packet will be the only notification of these dates. You are welcome to write one check even if you have more than one student.

Please pay by check made out to:

HUDSON HIGH SCHOOL MUSIC ASSOCIATION (HHSMA)

MAIL or DROP-OFF ALL FORMS & PAYMENTS TO

Erik Lichtenberger (Band Camp Coordinator)

7454 Hudson Park Drive

Hudson, Ohio 44236

(Please **DO NOT** staple papers together)

COST: \$235.00 per student

ASSISTANCE:

Should any student need financial assistance with band camp fees, grants based on need are available. Contact Bev Rickard at 653-1452 (office).

*** All inquiries will be kept strictly confidential. ***

MEDICAL:

An Emergency Medical Form must be completed **BEFORE** your son/daughter will be permitted to go to camp. Please provide the most complete and up-to-date information possible. Please inform us if there is anything about your child's medical history we should know. Students with special diets should contact Erik Lichtenberger at 330-655-5863.

There is a full service hospital, Meadville Medical Center, located minutes from Allegheny College, with a 24 hr. fully staffed emergency room. We also provide a nurse as a volunteer.

PERCUSSIONIST/DRUMLINE:

There is a mandatory drumline camp July 25 through 29. These rehearsals will be from 8-4 PM at HHS. Percussionists will also be having rehearsal throughout the summer. Mr. Andrews as well as the percussion section leader will be contacting all percussionists before school is out.

UNIFORM FITTINGS

Uniform Fittings will be held **Wednesday, July 27** in the High School Band Room. Times will be announced in the summer band newsletter.

THE FOLLOWING REHEARSAL DATES ARE MANDATORY:

***THURSDAY, JULY 28th- ALL NEW MARCHERS & LEADERS:**
REHEARSAL: HIGH SCHOOL - 9:00am-NOON & 6:00-9:00pm
***FRIDAY, JULY 29th - ALL BAND MEMBERS:**
REHEARSAL: HIGH SCHOOL - 9:00am-NOON & 6:00-9:00pm

*THESE REHEARSALS WILL COVER MARCHING FUNDAMENTALS, MUSIC REHEARSAL FOR ALL SHOWS TO BE LEARNED AT CAMP, LEADERSHIP ORGANIZATION, AND CAMP INFORMATION.

After band camp the following mandatory rehearsals will take place:

- Tuesday, Aug 9th 6pm-9pm
- Thursday, Aug 11th 6pm-9pm
- Tuesday, Aug 16th 6pm-9pm
- Wednesday, Aug 17th 6pm-9pm
- Thursday, Aug 18th 6pm-9pm
- Wednesday, August 24th 6pm-9pm (first day of school)

Band Rehearsals will be every Wednesday night from 6pm-9pm during football season starting August 24th

NOTICE: FOOTBALL GAMES BEGIN FRIDAY, AUGUST 26th AND CONTINUE FOR TEN CONSECUTIVE WEEKS.

Hudson Parade of Bands Saturday, October 1, 2011

THE SCHEDULE IS NOT COMPLETE. A NEW SCHEDULE WITH ALL BAND SHOW DATES WILL BE PASSED OUT BEFORE THE END OF THE PRESENT SCHOOL YEAR.

What to bring to Band Camp 2011

- **Instrument** (in good working order). Have your instrument inspected before band camp. Lyre, flip folio, and music. **Music lyres and folios are a must!**
- Instrument extras: valve oil, slide oil, cork grease, extra reeds, extra drumsticks & tape, pencils, rubber bands, etc.
- One piece of luggage, a carry-on held on the bus, & instrument are the only items permitted. Remember you carry your own belongings up to your dorm room and there are no elevators.
- Medications, including allergy medication, inhaler and epi-pens.
- Towel and flip flops for shower, and a **Swimsuit**, new for this year.
- Personal hygiene items (shampoo, soap, comb, toothbrush, etc.). Lip balm (Carmex is great for Brass). Gold Bond Powder.
- Sheets or sleeping bag, pillow, light blanket. The beds are bunked, so plan accordingly!
- Knee and/or ankle braces if needed, blister band-aids, ankle wraps, ace bandages.
- Bug spray, sun-block, sunglasses, sun visor and/or hat.
- 2 pairs of comfortable athletic shoes (athletic shoes with solid sides, toes and back, they should be made of leather or canvas, no vinyl or plastic, new shoes not recommended).
- Plenty of extra socks (higher than ankle to avoid blisters).
- Cotton t-shirts and athletic shorts (you will get dirty, hot and sweaty, so bring plenty).
- Raincoat/gear, sweatshirt and/or light jacket.
- Water bottle or hydration system (camel pack/backpack).
- Flashlight, alarm clock.
- Compression shorts for girls and boys to protect legs from being chapped. They can be purchased at Target, Walmart or sporting goods stores. They are worn under mesh or nylon type athletic shorts.
- Expect to share your bathroom with other students. Students are responsible for keeping bathroom and dorm room clean on a daily basis. So you may want to bring some type of bathroom and general cleaning wipes, hand held dust-busters (mini-vacuum) if desired.

All Luggage Must Be Brought to the High School on Friday Before the Evening Practice!!!

DO NOT BRING: stereos, TV's, or coolers (MP3 players are ok).

COME PREPARED FOR HOT WEATHER, COLD WEATHER, ANY WEATHER!

Please Note: All meals are provided and required to be eaten in the dining hall; bringing food is not necessary. However, many students choose to bring some snack foods for between meals. You may also want to bring quarters for the pop machines.

Reminder

To the parents of children with asthma/reactive airway conditions. Please do not forget to pack your child's inhaler, even if they haven't used it in a while. The conditions may include dust, pollens, and other environmental allergens that your child is sensitive to.

Note that we cannot administer any medications without signed forms. In the band camp packet you will find a form for administration of Advil or Tylenol. Note that there is also space for you to add other non-prescription medications such as antihistamines, Tums, etc. Please be sure to sign at the bottom. For those with inhalers and other prescription medications there is a separate form that must be signed by the child's practitioner. Both need to be returned prior to departure for band camp.

Roommates

Roommates will be chosen in a new way this year, as the students will sign up in the band room as they do for band trips, etc. The rooms at Allegheny will hold 5 students, each with their own bedroom, and there will be 2 bathrooms for each suite of 5.

RULES

1. No smoking materials, tobacco products, non-prescription drugs, or alcoholic beverages permitted at band camp.
2. ABSOLUTELY no hazing of freshmen permitted.
3. The chaperones and camp staff MUST be obeyed and treated with respect. They have the same authority as the directors.
4. No band member will leave the campus during the week for any reason.
5. No guys in girls' rooms and no girls' in guys' rooms during free time or any other time.
6. No returning to the dorm at any time, other than free time, except by permission of one of the directors.
7. No one is permitted out of the dorms after lights out, and before the morning time stated on the schedule.
8. No excuses for tardiness will be accepted.
9. Band members must wear sturdy shoes with solid toes, sides and back on the field and in parade block.
10. Dorms will be kept clean at all times. There will be inspection of dorm rooms by the directors after Reveille every morning.
11. Do not enter any room, other than your own, except by invitation. See rule #5.
12. Band members are not permitted in any other building on campus.
13. ALL PRESCRIPTION MEDICATION should have a form signed by physician for self-administration.
14. Lost keys will be charged at \$25.00 per key.
15. In addition, all rules of Hudson High School, and the Hudson Board of Education rules will be in force during the entire duration of the camp. ANY VIOLATION OF THESE RULES WILL RESULT IN DISCIPLINARY ACTION BY THE DIRECTORS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DIRECTOR.

KEEP THIS COPY FOR REFERENCE

RULES FOR STUDENTS

1. No smoking materials, tobacco products, non-prescription drugs, or alcoholic beverages permitted at band camp.
2. ABSOLUTELY no hazing of freshmen permitted.
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13. ALL PRESCRIPTION MEDICATION should have a form signed by physician for self-administration.
14. Lost keys will be charged at \$25.00 per key.
15. In addition, all rules of Hudson High School, and the Hudson Board of Education rules will be in force during the entire duration of the camp. ANY VIOLATION OF THESE RULES WILL RESULT IN DISCIPLINARY ACTION BY THE DIRECTORS.
16. I agree to conform to the camp rules (enclosed in this packet) and schedule. I realize that any infraction of these rules will result in my dismissal from band camp and subject me to be dropped from the marching band program. My parents will be required to bring me home the same day as my dismissal.

- *I have read the "Band Handbook" on the Music Association website – www.hudsonmusic.org.*

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DIRECTOR.

I have read and understand the above rules:

Date _____

Signature _____

Student signature

Return form to Band Camp Coordinator

PARENT'S INFORMATION AND PERMISSION

I hereby grant permission for my child (print full name) _____
to accompany the Hudson High School Band to Allegheny College on July 31, 2011 to
August 5, 2011. I understand the rules and regulations of the camp as stated and believe
that necessary plans and precautions for the care and supervision of the students during the
week will be taken. I also understand that if my child breaks any of the rules, they will be
sent home and I will be required to pick them up the same day as the infraction.

- *I have read the "Band Handbook" on the Music Association website - www.hudsonmusic.org.*

Parent's Name(s) (please print) _____

DATE _____ SIGNATURE _____

I would like to be included in the band roster Yes _____ No _____

*Additional Information (Provide additional parent contact information if different than above, i.e.: name,
address, phone number, email address, etc.)

Band Member _____

Grade (circle one) 9 10 11 12

Marching instrument _____

T-Shirt Size _____ (men's sizes, S, M, L, XL, etc)

Parents' E-Mail _____

Parent's E-Mail (if necessary) _____

Note: E-mail addresses will not be included in the roster. They will be used for
HHSMA Officer and Committee Chairmen to inform you of important band event
updates and communication purposes only.

Return form to Band Camp Coordinator

Parent Volunteer Page

Please complete the following volunteer form if you are able to help in any way, circling M (Mom) and/or D (Dad) as appropriate. You may also circle your area(s) of preference within each volunteer event.

- M D Band Photo/Buttons (Photo Day and Photo Distribution - Fall)
- M D Uniform Committee (fittings - July, inspection - all performances, and return/repairs - May)
- M D Band Wear Sales (home events)
- M D LifeCenter Plus Party (refreshments and/or chaperone - November)
- M D Tag Day (drivers needed! – August/September)
- M D Fruit Sale (fall)
- M D Band Video/DVD (assist with taping of events and compile tapes into final footage)
- M D Chaperone Away Football Games, Band Shows, and Trips (sorry, no siblings permitted)
- M D Parade of Bands (parking, tickets, 50/50, band host, publicity, or drinks - October)
- M D Half-time Refreshments (home games)
- M D 50/50 Raffle (home games and Parade of Bands)
- M D Spring Dessert Banquet (set up, clean up, and/or bake May or June)
- M D Band Camp 2011
- M D Fundraising Money Counters
- M D Additional ways we can help!

Return form to Band Camp Coordinator

HUDSON HIGH SCHOOL MUSIC ASSOCIATION BAND UNIFORM CONTRACT 2011-12

YOU WILL NOT BE FITTED FOR A UNIFORM WITHOUT THIS SIGNED CONTRACT

*This is an agreement between (PLEASE PRINT) _____
a band member at Hudson High School and The Hudson High School Music Association.*

I understand that uniforms are the property of the Hudson Music Association and that the following standard uniform is provided for my use during band performances:

| FOR USE DURING UNIFORM FITTING DAY - DO NOT WRITE WITHIN THIS BOX | | | | | |
|---|------|--------|----------------------|------|--------|
| | Size | Number | | Size | Number |
| Coat (\$150) | | | Beret (tubas - \$15) | | |
| Overlay (\$155) | | | Gloves (\$5) | | |
| Pants (\$100) | | | Spats (\$6) | | |
| Raincoat (\$60) | | | Bow Tie (\$5) | N/A | |
| Hat (\$50) | | | Braids (1- \$10 ea) | N/A | |
| Hat Box (\$6) | | | Uniform Care Sheet | Y N | |

- All band members purchase and keep shoes as specified by the band directors. **Band uniforms must be carried in a garment bag.**
- Everyone is responsible for providing his own. The music association sells a durable personalized garment bag for \$27.50 for your convenience.
- All alterations are the responsibility of the student and parents, but at no time may material be cut or removed for alterations. Hem pants 1.5 – 2.5 inches above the floor. If hemmed at dress pant length, the material will drag when marching and become shredded.
- I agree to safeguard the uniform issued to me, and to avoid behavior that would stain or damage the uniform. I agree to reimburse the Hudson Music Association for uniform items lost or damaged through my negligence.
- I agree to correctly store the uniform after each performance according to the Uniform Care Sheet and to remove all stains and repair rips, tears or other damage. I understand that I will be removed from the performance if not passing inspection. I will clean the uniform as needed. At the end of the year, I agree to return the cleaned uniform (in the cleaner's bag with the receipt) to the band room free of rips, stains or other damage.
- **I agree to pay a \$5 fine to the band directors for each uniform piece left in the band room following a performance.**
- I understand that appropriate dress for underneath marching band uniform is sport shorts (nylon or cotton), band camp t-shirt, and white long socks; also a black belt. Appropriate dress for concert band is white dress shirt, long black socks (not ankle), band jacket & pants, bow tie, black band shoes and black belt, no overlay. (White dress shirt and black socks furnished by student.)

Student Signature _____ Date _____ **GRADE** 09 10 11 12

Parent Signature _____ Date _____ Phone _____



Hudson High School Swing Marching Band
Garment Bag Order Form

Band members are required to carry their uniforms in garment bags to protect the life of the uniform. You may provide your own, or you may purchase a personalized garment bag with the Hudson Marching Band lettering on it. This durable garment bag is made of water resistant medium weight nylon. It is royal blue with white embossed lettering. **"HUDSON Marching Band"** is embroidered in two-inch, block and script lettering on the right side of the bag and your student's name in script lettering on the left side of the bag. Form and payment are due May 28th with delivery of the garment bag at uniform pick up. Forms and payments received after this date cannot have a guaranteed delivery date.

Cost of the garment bag is \$27.50

For your Records: Check # _____ Date Ordered ____/____/____

Please contact Amy Ferrell Bragg with any questions 330-650-4206



I would like to order a **Hudson Marching Band garment bag** for my student's uniform.

PLEASE PRINT CLEARLY: Name as you would like it embroidered using upper and lower case letters (i.e. Russell McDuff)

First Name _____ Last Name _____

Make check payable to "Hudson Music Association" and place the student's name on the memo line. (Cost is \$27.50)

Mail your order form & check to: Amy Ferrell Bragg
5849 Bradford Way
Hudson, OH 44236

Parent Name _____ Phone # _____

Office Use Only: Check # _____ Amount _____ Date Received ____/____/____





**HUDSON CITY SCHOOL DISTRICT
EXTRACURRICULAR/CO-CURRICULAR TRIP FORM
EMERGENCY MEDICAL AUTHORIZATION FORM**

The purpose of this form is to make it possible for parents and/or guardians to authorize the provision of emergency treatment for students who become ill or injured while under group authority, when parents and/or guardians cannot be reached for the purpose of giving consent for such treatment. **A completed form is necessary before the trip. We must have this authorization for each student attending the trip.**

STUDENT'S NAME _____
Last First Middle

DATE OF BIRTH _____ TELEPHONE _____

ADDRESS _____
Number and Street

_____ City State Zip Code

FATHER'S FULL NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL/PAGER _____

MOTHER'S FULL NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL/PAGER _____

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____ TELEPHONE _____

PERSON TO CONTACT IF UNABLE TO REACH PARENT/GUARDIAN

NAME _____

RELATIONSHIP TO STUDENT _____

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ WORK PHONE _____ CELL/PAGER _____

PARENT/GUARDIAN SIGNATURE _____

Date



HUDSON CITY SCHOOL DISTRICT EXTRACURRICULAR/CO-CURRICULAR TRIP MEDICAL INFORMATION FORM

Medical Information for _____
(Name of Student)

Facts concerning the student's medical history to which medical staff should be alerted:

Medical diagnosis (e.g. asthma, diabetes...) _____

Allergies (food, meds, bees) _____

Physical impairments: _____

Medications taken regularly: _____

Date of last tetanus shot ____/____/____

* While attending extracurricular/co-curricular overnight trips only, I give my permission for authorized school personnel to supply, store, and administer the following nonprescription medication to my child at the dosage indicated on the manufacturer's packaging for the child's age and/or weight.

| | | | |
|----------------|-----------------------|----------|-----------|
| Please circle: | Ibuprophen 200 mg. | 1 tablet | 2 tablets |
| | Acetaminophen 325 mg. | 1 tablet | 2 tablets |

PARENT SIGNATURE: _____

Please note: All other medications must have school district forms completed with physician and parent signatures.

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

SPECIALIST _____ PHONE _____

I hereby give my consent, in the event that all reasonable attempts have been made to contact me at my home or my place of employment have been unsuccessful, for the administration of any treatment deemed necessary by 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 of such surgery are obtained prior to the performance of such surgery.

PARENT/GUARDIAN SIGNATURE _____

Date

PHYSICIAN'S STATEMENT

To the Physician:

The School District requires that all of the following information be provided before it will administer medication or treatment to the student.

Name of Student

School

Grade

Student's Address

Birthdate

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student (specify the name of the drug – only one drug per form) :

- Reason for Medication: _____
- Date the administration of the drug is to begin: _____
- Date the administration of the drug is to cease: _____

Specify the dosage of the drug to be administered, and the times or intervals at which each dosage of the drug is to be administered: _____

Specify any special instructions for administration of the drug, including sterile conditions and storage: _____

Report the following side effects (i.e., severe adverse reactions) to my office immediately: _____

Physician's Signature

Physician's Telephone

Printed/Typed Name

Date

Physician's Address

Please use one form for each prescribed medication/treatment. This form is two-sided.



AUTHORIZATION FOR NONPRESCRIBED MEDICATION (Secondary Version)

TO THE PARENT:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE
NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.
Please use a separate form for each medication.

| | | |
|-----------------|--------|-------------|
| Name of Student | School | Class/Grade |
| Address | | Birthdate |

A. I am requesting permission for my child name above to: (Check all that apply)

Use or receive the following over-the-counter medication:

Medication Name: _____

Dosage: _____

Reason for medication: _____

Be administered such medication by an authorized staff member.

Self-administer such medication in the presence of an authorized staff member.

I give permission for my student to carry and self-administer cough drops provided from home.

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.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

| | |
|---------------------|----------------------|
| Signature of Parent | Date |
| Home Telephone | Work/Other Telephone |

AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above, nonprescribed medication:

Principal

**AUTHORIZATION FOR THE POSSESSION AND USE OF
ASTHMA INHALER / OTHER EMERGENCY MEDICATION**_____
Name of Student School Class/Grade_____
Address Birthdate

Authorization is hereby given for the student named above to: (Check all that apply.)

- Receive the prescribed medication indicated from the designated school personnel.
- Keep emergency medication in his/her possession.
- Self-administer the prescribed medication as permitted by law.

Medication Name: _____

Reason for Medication: _____

Dosage: _____

Date administration is to begin: _____

Date administration is to cease: _____

Adverse reactions that should be reported to the parent and/or physician: _____

Adverse reactions for unauthorized user: _____

Procedure to follow in the event that medication does not produce the expected relief from the student's
asthma attack or other condition requiring emergency medication: _____

Other special instructions: _____

Physician and parent/guardian names, signature, and emergency phone numbers are required.

Physician Signature: _____ Date: _____

Physician Printed Name: _____ Telephone: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____ Home Telephone: _____

Work/Other Telephone: _____



AUTHORIZATION FOR THE USE OF EPINEPHRINE AUTOINJECTOR (EPI-PEN)

Name of Student _____ School _____ Class/Grade _____

Address _____ Birthdate _____

Medication Name: _____

Reason for Medication: _____

Dosage: _____

Date administration is to begin: _____

Date administration is to cease: _____

Physician must acknowledge at least one of the following (please initial):

- The student is capable of possessing and using the autoinjector. Yes _____ No _____
- The student has been trained on the proper use of the autoinjector. Yes _____ No _____
- The student is self-carrying the autoinjector* Yes _____ No _____

*** A back-up dose of the medication (epi-pen) is required to be stored in the school clinic.**

The autoinjector should be used in the following circumstances: _____

Procedure to follow if student is unable to administer the anaphylaxis medication: _____

Procedure to follow if the medication does not produce the expected relief from the student's anaphylaxis: _____

Adverse reactions that should be reported to the physician: _____

Adverse reactions for the unauthorized user: _____

Other special instructions: _____

AUTHORIZATION FOR THE USE OF EPINEPHRINE AUTOINJECTOR (EPI-PEN)

Physician and Parent/Guardian names, signatures, and telephone numbers are required.

Physician Signature: _____ Date: _____

Physician Printed Name: _____ Telephone: _____

Parent Signature: _____ Date: _____

Parent Printed Name: _____ Home Telephone: _____

Work/Other Telephone: _____

Parent/Guardian or Student if eighteen (18) or older must acknowledge one of the following (please initial):

- The School Nurse has been provided with a backup dose of the student's medication.

Yes _____ No _____

The School Nurse must acknowledge one of the following (please initial):

- I have received a dose of the student's medication. Yes _____ No _____