

# **BAND CAMP PACKET**

**DEADLINE: April 26, 2011**  
**(All forms and payment)**

April 1, 2011

Hello!

Now is the time for newcomers and returning marching band members and color guard to get excited and ready for BAND CAMP 2011! The camp will be held in the cool pine mountains at Camp Shadow Pines in Heber, Arizona. The dates for camp are Monday, August 1st through Saturday, August 6th, 2011. We will leave at 2pm from the Band room at DMHS. Please arrive by 1:00 pm to help load the truck and buses.

Marching band students and color guard students have been given permission to register for classes on Monday, August 1st.

Camp will give 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 2011 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 APRIL 26TH, 2011**

Band Camp is four full days, requiring incoming students to know the fundamentals of marching before Band Camp. *Therefore on July 27th (Wednesday) there will be a Leadership meeting in the Band room from 10am to 2pm. On July 28th (Thursday) there will be a mandatory rehearsal at DMHS, for all incoming students and new 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  
Desert Mountain High School Band

# CHECKLIST FOR FORMS AND FEE

DEADLINE IS April 26, 2011

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

\_\_\_\_\_ **BAND CAMP INFORMATION**  
(2 Pages)

\_\_\_\_\_ **PAYMENT FORM/ CAMP T-SHIRT SIZE**

\_\_\_\_\_ **TAX CREDIT FORM**

\_\_\_\_\_ **SUSD PERMISSION FORM**  
(Parent Signature Required)

\_\_\_\_\_ **PARENTAL PERMISSION FORM**  
(Parent Signature Required)

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

\_\_\_\_\_ **STUDENT INFORMATION FORM**

\_\_\_\_\_ **BAND MEDIC KIT - PERMISSION TO ADMINISTER MEDICATIONS**  
(Parent Signature Required)

\_\_\_\_\_ **MEDICATION ADMINISTRATION FORM**  
(Parent Signature Required)

\_\_\_\_\_ **STUDENT INSURANCE FORM AND COPY OF INSURANCE CARD**  
(Parent Signature Required)

\_\_\_\_\_ **BARBECUE RSVP FORM**

**PARENTS ARE WELCOME TO JOIN US AT CAMP AS CHAPERONES**  
PARENT VOLUNTEER CHAPERONES MUST COMPLETE SUSD CHAPERONE FORMS  
AND TRAINING. IF YOU ARE INTERESTED IN CHAPERONING, PLEASE  
CONTACT THE BAND DIRECTOR BY EMAIL [mirvin@susd.org](mailto:mirvin@susd.org)

# Band Camp Information

**Camp Shadow Pines** For pictures and more info on the camp,  
Please go to [www.campshadowpines.com](http://www.campshadowpines.com)

On Monday, August 1, students should report to DMHS between 7:30-10:00 am to complete their school registration process. They will receive their schedule, locker assignment, textbooks, ID cards, etc. This is a special registration session for the marching band campers only, as they will be gone during the "grade level" registration days. For new students and incoming freshman, there will be a tour of the school from 10 to 11 am.

Students should return to the DMHS Band room by 12:00 NOON with all their camp, music and musical gear to prepare for bus departure for Camp Shadow Pines. The bus will leave at 1:00 PM. See lists below for camp packing list, and for additional supplies parents should send.

## **About Camp Shadow Pines**

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

**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 drinks will be available at every rehearsal, and in each cabin. (Parents supply these snacks and drinks. See parent to do list below) Campers will also be provided with a reusable sports bottle. Coolers of water will be available to fill and refill their bottles.

**Leisure time:** The camp has volleyball and basketball courts, ping-pong and pool tables. Electronic devices, like Gameboys, cell phones, iPods are permitted, but are the responsibility of the owner.

There is a coin operated laundry facility if a camper needs to wash clothes. Send money if you think your camper might need to use this service.

## **Parent To Do List:**

- Each family is asked to provide healthy drinks and snacks for the band to share.  
Please drop these items off by 10:00 AM to be loaded onto the buses going to camp.  
Please purchase & send

**One case of drinks** (such as Vitamin Water, Gatorade, etc)

**1 or 2 individual servings bulk sized snacks** (Costco or Sam's Club are great sources. Kids especially like fruit roll-ups, fruit chews, pretzels, Chex Mix, etc)

- Be sure to provide any missing camp packet information, such as a copy of your insurance card. Each family will be notified individually if we need one or more document from you.
- Please bring your checkbook with you to the Saturday performance and picnic at the camp. You may want to pay for additional band t-shirts for you and your band kids.
- Bring your calendar. There will be sign up sheets for volunteer duties and fundraising opportunities.
- **Medications---** parents should plan to come early for drop off so they can chat with the parent/nurse volunteer and check in meds.
- Please be sure your student has **printed out and packed** at least one copy of the show music for their instrument. If they tend to lose stuff, send more than one copy! Please go to the band website to download the music for printing: [www.dmhsband.org](http://www.dmhsband.org).
- If you are coming to camp Saturday for the performance, BBQ and to pick your child up, **please note: Camp Shadow Pines does not allow dogs on camp property, so please leave your four-legged friends at home. NO DOGS ALLOWED!**

#### **Band student camp 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
  - Socks and underwear
  - Jacket and/or sweatshirt (nights can get cold)
  - Rain poncho
  - Jeans
  - Shorts and t-shirts (bring plenty, you will get hot and sweaty!)
  - PJs
  - Sunscreen and hat
  - Headlamp or flashlight
  - Watch - you **MUST** be on time for all rehearsals!
  - Instrument and accompanying accessories (reeds, valve oil, cleaning cloths or brushes, etc) folder for music and pencil
- At least one copy of the show music for your instrument**  
Pep music will be distributed at camp

#### **Directions to Camp Shadow Pines**

Take Shea Blvd east to AZ 87, just past Fountain Hills. Go north on AZ 87 for 60 miles. Turn right onto East State Highway 260. Camp Shadow Pines is located near mile marker 300 on the left side of the Highway.

\_\_\_\_\_  
(Please Print Student Last Name)

## Payment Form Band Camp 2011-12

**Payment Instructions:**

1. \$340.00 if paid by 4-26-11. (\$360.00 if payment after 4-26-11.)
2. Please complete this form and attach check **payable to DMHS**.
3. **Make sure your phone number in on your check.**
4. Place form and check in an envelope with "Band Camp" on outside of envelope.
5. Return to Mrs. Irvin along with other Band Camp forms.
6. **Payment deadlines are not flexible and payments are nonrefundable.**

**DMHS Student Name(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note:** 100% of this trip is eligible for tax credit.

	Number	Total Amount of Check	Amount deposited to <b>Band Council</b>	Amount deposited to <b>Tax Credit</b>
Check				
Check				

My student currently has money in the DMHS student accounts and I want it used for Band Camp.

Tax Credit \$\_\_\_\_\_ used for Band Camp

Band Council \$\_\_\_\_\_ used for Band Camp

**Payment Due April 26, 2011**  
**Cost \$340.00**  
**(\$360.00 if payment is made after April 26th, 2011.)**

I understand that my student is registered for Band Camp. Payments are *nonrefundable*.

\_\_\_\_\_  
(signature & date)

\_\_\_\_\_  
(print name)

Camp T-shirt size (Adult size only)    S      M      L      XL

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(Print Student Name)

## **BARBECUE RSVP FORM**

Reminder: Transportation to camp is provided on air-conditioned buses; however, **you are responsible for providing transportation home for your student.**

On Saturday, August 6, 2011; at 11:30 a.m. we will have a Performance at camp followed by a Barbecue.

The cost for the barbecue for family members is \$9 per person. You need to pick up your barbecue ticket(s) at the check-in table at camp.

**PLEASE INCLUDE THIS RSVP WHEN SENDING IN THE PAYMENT FORM**

\_\_\_\_\_ YES, I will attend the barbecue with \_\_\_\_\_ people. I have enclosed a check payable to DMHS for \$9 per person.

\_\_\_\_\_ I will **NOT** pick up my student at band camp. My student will come home with:

\_\_\_\_\_.

Parent's Signature: \_\_\_\_\_

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(Print Student Name)

**Scottsdale Unified School District**

**Extra Curricular Activities Payment Form**

The State of Arizona allows tax payers to donate to the Public Schools Tax Credit program. This program allows fees or donations made payable to public schools for extra curricular activities to be used as a dollar for dollar credit on your taxes. Activities that count for tax credit are extra curricular activities that require enrolled students to pay a fee in order to participate in an extra curricular tax credit program. These types of activities can include athletic participation, non recreational field trips, and before/after school activities. Individuals may claim up to \$200.00 and married couples filling jointly may claim up to \$400.00 in a tax year. Please note that as this is a tax credit! any payment or donation made is non refundable. For more information regarding the Arizona Public School Tax Credit please visit the Arizona Department of Revenue web site at <http://www.azdor.gov>.

\_\_\_\_ Yes, I would like my payment for extra curricular activities to be applied to the Arizona State Tax Credit Program. I am also aware that this payment will not be refundable by Scottsdale Unified School District.

\_\_\_\_ No, I do not want my payment for *extra* curricular activities to be applied to the Arizona State Tax Credit Program. I understand that my payment will not qualify for the Arizona Public Schools Tax Credit program.

Payment Received From: \_\_\_\_\_

**Signature of Donor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Name: \_\_\_\_\_

Extra-Curricular Activity: \_\_\_\_\_

We are unable to accept company/business checks, trust or estate checks for tax credit donations.

Please make Checks payable to Desert Mountain H.S.



# Scottsdale Unified School District

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

Student Name and I.D. #: \_\_\_\_\_ School: Desert Mountain High 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: Marching Band
- b. Date of the trip: 8/1/2011 - 8/6/2011
- c. Location/destination of the trip: Camp Shadow Pines Heber, AZ
- d. Time leaving school: \_\_\_\_\_ A.M. 1 P.M.
- e. Time returning: \_\_\_\_\_ A.M. 4 P.M.
- f. Trip Supervisor(s): Michelle Irwin
- g. Means of transportation: School Bus to Heber, Parents return
- h. Fee: \$ 34.00 (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: \_\_\_\_\_

\*\*\*\*\*  
\* Pursuant to Arizona Revised Statutes (A.R.S. §15-342(24)), the Scottsdale School Board has approved a fee for most in-town elementary extracurricular field trips. You may be eligible to receive a tax credit for payment of such fees under A.R.S. § 43-1089.01, which provides that taxpayers may receive a tax credit up to \$200 (single) or \$250 (married, joint filing) for the payment of fees relating to optional extracurricular activities. Extracurricular activities are defined as any optional, noncredit, educational or recreational activity that supplements the education program of the school, whether offered before, during or after regular school hours. If you wish to claim this fee as a tax credit, please supply the school with the following information and a tax credit receipt will be issued for tax purposes:

Fee Amount: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Name of Taxpayer: \_\_\_\_\_ Taxpayer's Social Security #: \_\_\_\_\_

Because of the difficulty in keeping long-term records and the potential overlap of the tax year (calendar) and school year (fiscal), parents cannot prepay future field trips. In addition, because receipts for tax purposes are forwarded to the Arizona Department of Revenue, there can be **no refund of fees** once a receipt has been issued. Any fees paid in addition to the school trip fee will be placed in the school's General Extracurricular Account.

In case of an emergency, please provide the following Health Insurance Information for your student:

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Insured's name: \_\_\_\_\_ Ins. Co. Contact Phone #: \_\_\_\_\_

**PARENTAL PERMISSION FORM  
2011-2012 SCHOOL YEAR  
SCOTTSDALE UNIFIED SCHOOL DISTRICT  
DESERT MOUNTAIN HIGH SCHOOL**

**CONSENT AND AUTHORIZATION:**

I, the undersigned, parent or guardian of \_\_\_\_\_, a minor, do hereby give consent for him/her to attend **BAND CAMP, PARTICIPATE IN THE ACTIVITIES, CONCERTS AND ALL OTHER BAND-SPONSORED EVENTS DURING THE 2011-2012 SCHOOL YEAR.**

I, the undersigned parent or guardian of the above-named student, do hereby give and grant unto any available medical doctor or hospital, by consent and authorization, consent to any x-ray 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 2011-2012 marching/concert season.

\_\_\_\_\_  
Signature of Parent/Guardian      Date

\_\_\_\_\_  
Signature of Band Director      Date

(It's not necessary for you to obtain the signature of the band director...that will be done when your signature has been received.)

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(Print Student Name)

**DRUG/ALCOHOL/SMOKING POLICY FORM**  
DESERT MOUNTAIN HIGH SCHOOL  
2011-2012 Marching/Concert Season

Dear Parents and Students:

Welcome to another school year! If this is your first at Desert Mountain...welcome! Band is a special part of your student's educational experience. Our goal is to provide him/her with a rewarding, educational, 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 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. Sign and return this letter in your packet, indicating that you have read and understood this policy. This form extends throughout the current 2011-2012 marching/concert season, which commences with Band Camp 2011.

Thank you,

Michelle Irvin  
Desert Mountain Band Director  
480-484-7054

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Parent Signature

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Student Signature

**BOTH PARENT AND STUDENT SIGNATURES REQUIRED**



(Print Student Name)

**Band Medic Kit  
Permission to Administer Medication  
2011-2012 Academic 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 Medical Book for the entire 2011-2012 school year. No medication will be administered to your student without your initials.

<b>Strength in Medic Kit</b>		<b>Directions</b>	<b>Initials</b>
Tylenol	500 mg		
Advil	200 mg		
Pseudoephedrine HCl	30 mg		
Tums	1 Tab		
Benadryl	25 mg		
Aloe Lotion	Topical		
Hydrocortisone Cream 1%	Topical		
Neosporin	Topical		
Throat Lozenges	1 Tab		

**ALLERGIC TO ANY MEDICATION?** \_\_\_ Yes \_\_\_ No If yes, please explain:

**Please list any medical conditions you would like the Band Directors to be aware of:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Print Student Name)

## MEDICATION ADMINISTRATION FORM

Student Name \_\_\_\_\_

Allergies (Food/Drug) \_\_\_\_\_

My student will be taking the following medications at Band Camp:

Medication	Student will keep & administer	Parent Volunteer will keep & administer

**Prescription Medication:** Must be in original pharmacy container labeled with the student's name, prescription number, name of medication, dosage, and number of times a day to be administered.

**Non-prescription (over-the-counter) Medication:** Must be in original container. Given per package instructions unless entered above.

The above medication has been furnished by the undersigned. I agree to, and do hereby hold the District, its employees, Desert Mountain Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

### Transporting Medication

**Self-Administered Meds:** I give permission for my student to transport self-administered medication(s) to and from the Desert Mountain Band Camp. I understand that all medication(s) will 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 medications on time.

**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 at the prescribed time.

In doing so, I agree to, and do hereby hold the District, its employees, Desert Mountain Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

Parent Volunteer Administered Meds:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Beeper/Pager #: \_\_\_\_\_

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(Print Student Name)

**STUDENT INSURANCE FORM  
2011/2012 Academic Year**

SCOTTSDALE UNIFIED SCHOOL DISTRICT  
Scottsdale, Arizona

STUDENT'S NAME (please print): \_\_\_\_\_ attends Desert Mountain High School.

PARENT/GUARDIAN NAME (please print):  
\_\_\_\_\_

I, the undersigned parent or guardian of the above-mentioned student, do hereby understand that the Scottsdale Unified School District requires all student participating in athletics, in any school-sponsored off-campus activities 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 is covered by the following insurance:**

Name of Insured \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_ Member ID \_\_\_\_\_

Card Holder Date of Birth \_\_\_\_\_

Is 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  
YOU MUST SIGN BELOW**

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 the Desert Mountain High School Band.

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Parent/Guardian Signature

Print Name

Date