

SOLON HIGH SCHOOL
MARCHING BAND PRESENTS:

BAND CAMP



rwtech.com

2010

TO PARENTS AND BAND MEMBERS

Your directors and Music Parents are completing plans for the 2010 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 Solon High School Marching Band for the fall marching season. Band camp is a pre-requisite for participation in band.

FACTS ABOUT MARCHING BAND CAMP

DATES:

Sunday, July 25th, 2010 through Friday, July 30, 2010

PLACE:

Walsh University, Canton Ohio. 330-490-7316- call this number for emergencies only.

DEPARTURE:

11:00 A.M. July 25, 2010 from Solon High School.

TRAVEL:

Buses will be provided for **all** students.

RETURN:

4:30 P.M. from Walsh University on Friday, July 30, 2010 to Solon High School. **We will do a performance in the stadium upon returning from camp.**

HOUSING:

Students, directors, and chaperones will be housed in Walsh University Residence Halls.

MEALS:

All meals will be prepared by the Walsh University food service. **All students must pack a lunch and a drink for Sunday, July 25.**

STAFF:

Four Directors, college instructors, adult female chaperones, and adult male chaperones.

COST:

Fees
-Required Camp fee: \$235.00 per student, \$215.00 for each additional student (A portion of this fee is used for uniform cleaning)

Please write check payable to Solon Music Parents. Total payment is due May 1.

MARCHING SHOES:

All new marchers must purchase marching shoes. Fitting will take place during rehearsal prior to camp. Any experienced marchers that need shoes will be fitted at this time as well.

SPENDING MONEY:

You may want to bring extra money for Walsh University items at the bookstore, snack bar, etc. Pop machines are located in the lobby area of the dorms. One and five dollar bills are convenient.

MEDICAL AND PERMISSION FORMS:

All permission forms and emergency medical forms are due no later than **May 1, 2010**. These forms serve as your reservation for Band Camp. Make sure they are complete and signed by both parent and student. See checklist.

ALL FORMS MUST BE IN ON TIME!**PAYMENT:**

A NON-REFUNDABLE single payment of \$235.00 per student is due by **May 1, 2010**. (\$215.00 for each additional student.) Early payment and completed forms are necessary so that planning for camp and the fall season performances can be finalized. This packet will be the **only** notification of this date.

Please pay by check made out to:

SOLON MUSIC PARENTS**MAIL PAYMENTS, MEDICAL & PERMISSION FORMS TO:**

Vera Sohutskay
32250 Pettibone Road
Solon, Ohio 44139

FINANCIAL ASSISTANCE:

Should any student need financial assistance with band camp fees, grants based on need are available. Contact Ed Kline at 440-349-7316 (office) to receive an application for scholarship funds.

***** All inquiries must be made by APRIL 1 and will be kept strictly confidential. *****

MEDICAL:

An Emergency Medical Form must be filed with us **BEFORE** a student is permitted to attend camp. Please inform us if there is anything about your child's medical history we should know. Students with special diets should contact Mr. Kline at 349-7316. Knee and ankle supports, if needed, are allowed.

SIGN & RETURN:

Carefully read the rules and forms enclosed in this packet and sign and return all forms.

PACKING LIST:

- Water bottle
- Pencils (2)
- Alarm clock
- Pillow & pillow case
- Linens for a twin bed and/or Sleeping Bag
- Towels/washcloths
- Shorts & T-shirts for 5 days plus extras. Compression shorts for boys and medium length shorts for girls are recommended to eliminate chaffing
- Sweatshirt & Pants
- Rain Gear (we may be marching in the rain, at times.)
- Toiletries (Toothpaste, Toothbrush, Deodorant, Soap, Shampoo, Hairbrush/Comb, Contact Lens Supplies/Glasses, Feminine Products, Blistex or Chapstick, Gold Bond Powder)
- LOTS of socks – 12 well-cushioned new pairs that cover the ankle
- Sunscreen
- Sunglasses, and/or hat or visor
- Bug spray
- Personal first aid items: band-aids, bengay, acetaminophen, blister pads, ace bandages, knee and/or ankle braces, etc...
- 2 pairs of GOOD marching shoes (athletic shoes made of leather or canvas, no vinyl or plastic). Absolutely no sandals will be permitted on the marching field.

DO NOT BRING:

Stereos, TV's, or coolers. (MP3 players with headphones are OK).

INSTRUMENT:

Be sure it is in EXCELLENT playing condition. Have your instrument inspected before band camp.

MUSIC LYRES AND FLIP FOLIOS ARE REQUIRED! These items can be purchased in the band office. Bring valve oil, slide oil, **EXTRA REEDS**, extra drumsticks, and tape.

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

BUS CHAPERONES:

If you can ride the bus to or from camp on Sunday or Friday, please contact Vera Sohutskay (vsohutskay@gmail.com) at 216-385-6731 or Ed Kline at 349-7316.

THE FOLLOWING REHEARSAL DATES ARE MANDATORY:

Monday, July 19-23-drumline rehearsal-9am-3pm

Wednesday, July 21-Rehearsal 9am-noon for all new marchers and leaders

Thursday, July 22-Rehearsal 9am-noon for all new marchers and leaders

Friday, July 23-Rehearsal 9am-noon for all band members

Have all of your music, your instrument, lyre and flip folio, a pencil and a water bottle at each rehearsal. *THESE REHEARSALS WILL COVER MARCHING FUNDAMENTALS, MUSIC REHEARSAL, LEADERSHIP ORGANIZATION, AND CAMP INFORMATION.*

After band camp the following mandatory rehearsals will take place:

- Tuesday, August 10th 6pm-8:30pm
- Wednesday, August 11th 6pm-8:30pm
- Thursday, August 12th 6pm-8:30pm
- Tuesday, August 17th 6pm-8:30pm
- Thursday, August 19st 6pm-8:30pm
- Wednesday, August 25th 6:30pm-8:30pm

****Every Wednesday night during football season from 6:30pm-8:30pm. ****

NOTICE: FOOTBALL GAMES BEGIN FRIDAY, AUGUST 27 AND CONTINUE FOR TEN CONSECUTIVE WEEKS. The complete schedule may be seen on the Solon Schools web site (www.solonschools.org) under athletics. If the football team makes the playoffs, the season is extended and attendance at all games is mandatory. *Note: Playoff games are on Saturday.**

CHAPERONES - There are several opportunities for parents to chaperone the marching band during the season. Please contact Vera Sohutskay at vsohutskay@gmail.com.

UNIFORMS - Parents supervise the return of uniforms after a performance. Also return uniforms to their assigned location after they come back from the cleaners. If you can help with uniform distribution or alterations, please contact Enid Friedman at ceramtek96@aol.com.

Show dates to remember:

September 11th - Tag Day

September 11th – 4th Annual Solon Band Bash

October 2nd-Hudson Parade of Bands

We will be performing for at least 2 band shows and a possible professional game in addition to our band show, so the schedule is NOT complete. A new schedule with all dates will be passed out before the end of the year.

RULES

1. No smoking materials, tobacco products, non-prescription drugs not indicated on the parental consent form, 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. No bare feet or sandals permitted on the marching field.
10. Dorms will be kept clean at all times.
11. Do not enter any other room, other than your own, except by invitation. See rule #5.
12. Band members are not permitted in any other building on campus.
13. IF PRESCRIPTION MEDICATION IS TO BE ADMINISTERED BY A STAFF MEMBER, PLEASE LABEL IT AND TURN IT IN TO THE NURSE BEFORE WE LEAVE ON DAY OF DEPARTURE.
14. Lost keys will be charged at \$55.00 per key.
15. In addition, all rules of Solon High School, and the Solon Board of Education rules will be enforced during the entire duration of the camp and band events.

ANY VIOLATION OF THESE RULES WILL RESULT IN DISCIPLINARY ACTION BY THE DIRECTORS.

KEEP THIS COPY FOR REFERENCE

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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MR. KLINE.

I have read and understand the above rules:

Date _____ Signature _____
Student signature

Student name (print) _____

READ AND SIGN

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.

MEMBER NAME PRINTED _____ Sex _____
M or F

DATE _____ SIGNATURE _____
Band member

Class (circle one) freshman sophomore junior senior (your class for fall 2010)

Marching instrument _____

ROOMMATE CHOICE

Every attempt will be made to give students their choice for a roommate. If you have selected a roommate, please print his/her name here, otherwise you will be assigned a roommate. Please make sure that the person you select also selects you as their roommate.

No changes will be made in room assignments after May 1st.

ROOMMATE CHOICE: _____

2 sides-please turn this page over and complete the other side.

MEDICAL INFORMATION

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

STUDENT NAME _____

ALLERGIES (if none, please write N/A) _____

CHRONIC CONDITIONS (if none, please write N/A) _____

MEDICAL DIAGNOSIS FOR THE FOLLOWING MEDICATION (i.e., asthma) (if none, please write N/A)

MEDICATION: (if none, please write N/A)

_____	_____	_____
Name of medication	dosage	time of day

_____	_____	_____
Name of medication	dosage	time of day

_____	_____	_____
Name of medication	dosage	time of day

Please check one of the following:

_____ Medication can be stored and self-administered by student

_____ Medication should be stored and administered by an adult chaperone

PHYSICAL IMPAIRMENTS (if none, please indicate)

FAMILY PHYSICIAN _____ PHONE () _____

FAMILY DENTIST _____ PHONE () _____

PREFERRED HOSPITAL _____

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.

DATE ____/____/____

Parent/guardian signature

Consent for Administration of Over the Counter Medications

There are many “unanticipated” needs for over-the-counter medications, such as headaches, muscle aches, colds, minor sore throats, and ailments during camp and other band events. We do have medications available for these needs. For the safety and health of your children, we are asking for written consent before administering any medications. There will be a record kept of what medications are given so that appropriate doses are given. You will be called in the event that we need to make a special purchase for your child (ankle/knee braces, compression shorts, Chapstick, etc.) Additionally, we will inform you of any serious illness or injury, fever, or at any time your child or any of the camp staff feels that you should be called. Please mark an “X” by any of the following medications that you give permission for your child to receive if needed:

___ Ibuprofen (Motrin, Advil) for headaches, sore muscles, sore throat

___ Benadryl for allergies, itching

___ Tylenol for headache, sore muscles sore throat

___ Pepto-Bismol for nausea, diarrhea, upset stomach

I give consent for my child _____ to receive the above checked over the counter medications as needed administered by adult camp chaperones. In the event that a special purchase is made for my child: ankle or knee braces, compression shorts, other non-prescription medications, I agree to reimburse Solon Music Parents.

DATE ____/____/____

Parent/guardian signature

**Bus Transportation
Release Form**

I give permission for _____ (print student name) to travel with the Solon High School Band for the 2010-2011 school year. Bus transportation will be provided by the Solon Board of Education.

Date

Parent/Guardian signature

SOLON MUSIC PARENTS BAND UNIFORM CONTRACT

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

This is an agreement between (PLEASE PRINT) _____
(A band member at Solon High School) and The Solon Music Parents.

I understand that uniforms are the property of the Solon Music Parents and that the following standard uniform is provided for my use during band performances at no cost. **Replacement cost of uniform parts are in parentheses.**

Coat (\$135) # _____ Beret (tubas - \$15) _____
Pants (\$100) # _____ Gloves (\$2) _____
Raincoat (\$54) S M L XL XXL XXXL # _____ Braids (2- \$12) _____
Hat (\$50) XS S M L XL # _____ Hat Box (\$6) _____

All band members purchase and keep shoes as specified by the band directors. Shoes will be purchased prior to band camp.

I agree to safeguard the uniform issued to me, and to avoid behavior that would stain or damage it. I agree to reimburse the Solon Music Parents for uniform items lost or damaged through my negligence.

I understand that appropriate dress for underneath the uniform is sport shorts (nylon or cotton) and Band Camp T- shirt with white socks for marching band. This clothing is furnished by me and remains my own property.

*I understand and accept the rules and responsibilities of the
Solon Music Parents Band Uniform Contract.*

Student Signature _____ **Date** _____ **Class of** 11 12 13 14

Parent Signature _____ **Date** _____ **Phone** _____

**Solon Music Parents Club
Parent Volunteer Sign-Up**

The Solon Music Parents Club supports instrumental music programs, Orchestra, Band and Starlettes. There are three major fundraisers: Tag Day, Solon Band Bash, and fall/winter sporting event Concessions. We also participate in Market Day throughout the school year. These revenues support the purchase and repair of instruments, uniforms, musical supplies and equipment as well as, contest fees, awards and scholarships for our music students. The support of parents through these activities significantly decreases your additional costs for your child's involvement. Your involvement is critical in maintaining the music programs that are available to your child.

The Solon High School Music Parents (SMP) meetings are scheduled for the first Tuesday of every month of the school year at 7:30 in the band room. Every music student parent is automatically a member of this group. Please come and offer your ideas and support. These meetings are an excellent way to stay informed.

Mother's Name _____ Father's Name _____
Please Print Please Print

Home Phone _____ Alternate Phone _____

Parents' E-Mail Address _____

To be used by Directors, SMP Officers and Committee Chairmen only for band event updates and general communication

Students' Name(s) & Grade _____

*** Concessions *** - Mimi Pekarek 349-4247 (jmryan7188@sbcglobal.net)

Solon Music Parents staff the concession stand for Varsity (Home & Visitors stands), JV and Freshman Football, Girls and Boys Soccer, and during basketball season. We encourage every Band, Orchestra and Starlette parent to help at least twice during the concession season. Sign-ups will be available on Friday, July 30 at the post-band camp performance in the stadium. If you do not have an opportunity to do so, **you will be contacted by the Concessions committee.**

*** Tag Day – Saturday, September 11***

Band, Orchestra and Starlette students, along with an adult chaperone, solicit donations from members of our community.

_____ Driver (50-75 needed for approximately 2-3 hours)
_____ Lunch Distribution (6 volunteers needed for approximately 2 hours)

*** Solon Band Bash – Fourth Annual – Saturday, September 11 ***

_____ Ticket sales _____ Band Hosts _____ Parking

*** Market Day Sales ***

Once per month September – June

_____ Saturday Morning Pick-up *Greatest Need* (1 ½ hours at the High School)
_____ Reminder Calls (Done in your own home, evenings OK, for about 1 hour)

*** Pasta Dinner ***

_____ Pasta Dinner (February 2011)

If you have any questions regarding these opportunities, please email Vera Sohuts kay at vsohuts kay@gmail.com.