

# LAKESIDE VIKING BAND



## 2011 Marching Band

**\*\*\*\* CAMP ATTENDANCE IS MANDATORY \*\*\*\***

### **Rookie Camp**

*All New Members & Leadership*

Lakeside High School

May 24 *and* May 25

8:00 am. – 12:00 pm.

### **Marching Band Camp**

*All Members*

Rock Eagle 4-H Center

July 24 (arrive after 5:00 pm –

July 29 (2pm performance)

### **Pre-Camp**

*All Members*

July 19 *and* July 21

6:00 pm. – 9:00 p.m.

### Important Fee Deadlines

#### **Marching Band Fee:**

**\$50 Due May 15 ■ \$200 Due June 1 ■ \$150 Due July 1 ■ \$150 Due SEP 1**

David Fairchild, Director  
Lakeside High School  
3801 Briarcliff Road  
Atlanta, Georgia 30345  
678.874.6794

[www.lakesideband.org](http://www.lakesideband.org)

# LAKESIDE MARCHING BAND

## POLICIES

### Critically Important

- ♫ **On Time Drop Off.** Parents are expected to drop off and pick up their students on time or arrange for their transportation.
- ♫ **Right of Dismissal.** The Band Directors reserve the right to dismiss and send home any student who disobeys the rules, or whose general conduct and attitude towards the camp and its participants is determined to be detrimental to the rest of the band. Parents must pick up students from Rock Eagle immediately upon dismissal.
- ♫ **Supervision.** Every precaution will be taken to insure adequate supervision. All rules of conduct were written with the safety of your student foremost in mind. Please stress this in discussing band camp with your son/daughter. This is considered a school function and school regulations apply.

### Always Remember

- ♫ Always inform Mr. Fairchild any time you will be arriving at camp late or leaving early.
- ♫ Students must be accompanied by a chaperone when leaving the group.
- ♫ Band members are expected to be at the right place at the right time with all necessary equipment.
- ♫ Hint to **Freshmen:** If you are on time, you are considered late. If you are early, you are considered on time!

# LAKESIDE MARCHING BAND

## Fee Itemization

We have endeavored to make this cost as low as possible, and to be competitive with the other athletic events at LHS and with other bands in our region. It is designed to cover the everyday costs of keeping our band functioning and growing. Fundraising will help to cover the one-time costs of new instruments and equipment or to recondition older equipment. We also receive funds for new instruments and equipment from Lakeside and DeKalb County.

### Fee Covers:

#### Marching Band: \$550 in 4 payments

##### Summer Camp

- Rock Eagle 4-H Center (includes all meals and site rentals)
- Quality instruction by professional musicians
- Chalk Bags for marking drill spots
- Show and Stands Music
- Drill written by a professional drill writer
- Show T-shirt to be worn under the band uniform at events
- Marching Shoes for new members
- Black Gloves for new members

##### Other Events

- Flip Folder for Music
- Competition fees
- Bus fees for transportation to extra events
- Band equipment (such as yard markers, replacement instrument parts)

#### Color Guard: \$550 in 4 payments

##### Summer Camp

- Rock Eagle 4-H Center (includes all meals and site rentals)
- Quality instruction by an experienced teacher
- Choreography
- Chalk Bags for marking drill spots
- Show T-Shirt

##### Regular Season

- Uniform Design
- Flag Design
- Show Flag
- Practice Flag
- Shoes for new members
- Warm-Up Suit for new members

# LAKESIDE MARCHING BAND

**2011 Marching Band Fees: \$550**

## **Payment Due Dates:**

<b>Deposit Due</b>	<b>5/15/11</b>	<b>\$50</b>
<b>Payment Due</b>	<b>6/01/11</b>	<b>\$200</b>
<b>Payment Due</b>	<b>7/01/11</b>	<b>\$150</b>
<b>Payment Due</b>	<b>9/01/11</b>	<b>\$150</b>

You may pay your fees online at the Band website.  
If you are paying by check, please make checks payable to **LBA** and mail by due dates to:

**Patti Steele, LBA Treasurer**  
**1503 Montevallo Circle**  
**Decatur, Georgia 30033**



## **Refund Policy**

Although every possible situation cannot be addressed, the following are the general rules covering payment refunds:

1. If a student moves out of the school district prior to band camp, or becomes medically unable to participate in the band program, a full refund will be made.
2. If a student withdraws from the program before July 15th, all funds paid IN EXCESS of \$250.00 will be refunded.
3. If a student withdraws from the program on or after July 15th, no refund will be made.
4. Special circumstances should be brought to the attention of the LBA officers or the Band Director.
5. If you cannot make a payment due to hardship, please contact Mr. David Fairchild to set up a conference immediately.

# LAKESIDE MARCHING BAND

Complete every page, even if information is duplicated.

(Each page is separated and filed in different places.)

**PLEASE PRINT LEGIBLY.**

**Complete ALL attached forms by July 1, 2011 and send to:**

**Cheryl Rafshoon  
2050 Deborah Drive  
Atlanta, GA 30345**

**\*Do not forget to include the DCSS Athletic Participation Form**

*(You may download this form from band website)*

## Statement of Mutual Consent

I, the undersigned student, accept membership in the Lakeside Band Program, and understand that I am responsible for adhering and complying to all of the policies as set forth in the handbook. I fully agree to fulfill my duties and responsibilities to the very best of my ability.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

I, the undersigned parent/guardian, have read and understand the policies as set forth in the handbook. I also grant full permission for my child to be an active member of the Lakeside Viking Band Program. In addition, my child has full permission to attend all band functions.

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

\_\_\_\_\_  
Date

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

# LAKESIDE MARCHING BAND

## Registration Information

Today's Date Including Year: \_\_\_\_\_

PLEASE PRINT ALL INFORMATION!

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

List instrument for applicable performing group(s):

Instrument in Band Class \_\_\_\_\_

Instrument in Marching Band \_\_\_\_\_

Instrument in Jazz Band \_\_\_\_\_

Student T-shirt Size:  SMALL  MEDIUM  
 LARGE  X-LARGE  XX-LARGE

Mother/(Female Guardian):

Name/Relationship : \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/(Male Guardian):

Name/Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DEKALB COUNTY SCHOOL DISTRICT  
PARENTAL CONSENT for  
ATHLETIC TEAM, BAND, ORCHESTRA, CHORUS, and/or ANY  
OTHER SCHOOL SPONSORED FIELD TRIPS**

**Consent**

I hereby consent for \_\_\_\_\_ to participate in athletic team, band, orchestra, chorus, and/or any other sponsored field trips. I understand that transportation may or may not be provided by the DeKalb County School District. In the event transportation is not provided by the DeKalb County School District, transportation will be the student's responsibility.

If the student requires any emergency medical procedures or treatment during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

**Waiver and Release**

I release and waive, and further agree to indemnify, hold harmless or reimburse the DeKalb County Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment, if any.

**Signatures of parents(s) or guardian(s):** \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*\*\*\*

**Student Should Complete and Sign Below:**

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Instrument(s): \_\_\_\_\_

I have read the Rules and Regulations concerning Lakeside Band activities and understand my obligations as a band member.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL INFORMATION

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

Date of Birth: \_\_\_\_\_ Gender: (check one)  Male  Female

Parent/Guardian Name(s) : \_\_\_\_\_

**Please complete the following questions. It is imperative that we have medical information in order to best care for your student in case of an emergency.**

1. Chronic Health Problems?  NO  YES  
If YES please list: \_\_\_\_\_

2. Drug Allergies?  NO  YES  
If YES please list: \_\_\_\_\_

3. List current medications, dosage, and time of dosage: \_\_\_\_\_  
\_\_\_\_\_

4. Food Allergies?  NO  YES  
If YES please list: \_\_\_\_\_

5. Dietary Restrictions: \_\_\_\_\_

6. Date of last Tetanus Booster: (must be repeated every ten years): \_\_\_\_\_

7. Is your student susceptible to throat infections?  NO  YES

8. Does your student have frequent stomach or digestive upsets?  NO  YES

9. Please list other pertinent health information and the expected treatment:  
\_\_\_\_\_  
\_\_\_\_\_

Student's/Family Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**The Following Must Be Completed Only By The Parent/Guardian:**

My child WILL / WILL NOT (circle one) be responsible for taking their own medication (either Rx or OTC, such as Tylenol/Advil) brought from home. Please list: \_\_\_\_\_  
\_\_\_\_\_

In the case of minor illnesses, the Lakeside Viking Band Director, the Officers, or Chaperones of the Lakeside Band Association, have my permission to give over-the-counter medications (such as Tylenol, Maalox, Sudafed, Ibuprofen, or Dramamine) to my son/daughter:  NO  YES

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

# CONSENT FOR MEDICAL TREATMENT

**TO WHOM IT MAY CONCERN:** I, the undersigned, being the parent or legal guardian of \_\_\_\_\_, Birthdate: \_\_\_\_\_ hereby grant authorization to the Band Director or any chaperone of the Lakeside Band Association, (LBA), standing in loco parentis, to obtain any emergency medical and/or surgical treatment procedures from a physician or hospital emergency room physician on behalf of the above named minor.

I also authorize the release of this student after receiving emergency treatment to the Band Director or any chaperone of the LBA.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Alternate person to notify in case of emergency, illness, or injury:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone.: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Financial/Insurance Information

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned guarantees payment in full, immediately upon receipt of final billing.

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

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

**You must attach copies of the front and back of your insurance card(s) for our records.**

**STAPLE COPY OF FRONT OF CARD HERE**

**STAPLE COPY OF BACK OF CARD HERE**

# LAKESIDE MARCHING BAND

## Uniform Accessories Order Form

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Instrument: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

All students enrolled in Marching Band during fall semester will be issued a uniform, which remains the property of LBA. The following items must be purchased and will become the student's personal property to be used all four years (depending on how well the items are taken care of and how much the student grows). Returning students may pay for their Gloves and shoes on the Band website, but you must still return this form with measurements. Please indicate on the form if you have paid online.

See measurement charts for gloves. Please purchase items with your student's growth spurts in mind!

Color Guard members will order show theme costumes at a later date.

**New Marching Band Members MUST order shoes and gloves.  
This cost is included in Marching Band Fee.**

<b>Males:</b>	
Marching shoes	size: _____
Gloves, 1 Pair	size: _____

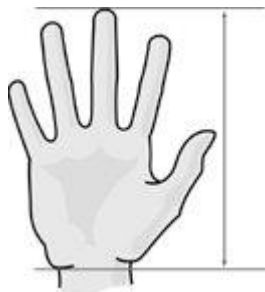
<b>Females:</b>	
Marching shoes	size: _____
Gloves, 1 Pair	size: _____

**Returning Marching Members Order as Needed:  
Add this cost to Marching Band Fee.**

			Quantity	Total	Pd. Online
Marching shoes	Size: _____	\$25.00	_____	_____	_____
Gloves, 1 Pair	Size: _____	\$ 5.00	_____	_____	_____

### Measurement Chart for Gloves

This is a guideline to figure what size glove to order. It is not perfect as each person's hand is different but it will come close. It is always a good idea to go larger than smaller in size.



#### How to Measure for Best Fit

To get the proper glove fit, measure the hand from the base of the palm to the fingertips. Then refer to this chart:

- 6" = Small
- 7" = Medium
- 8" = Large
- 9" = Ex-Large

**Personal Items to Bring to Rookie Camp, Pre-Camp, and Marching Band Camp**

**\*Remember that ALL THE FORMS must be completed Before you may Attend Camp**

\_\_\_ **HAT OR VISOR.** Squinting makes it hard to see the instructors and drum majors

\_\_\_ **INSTRUMENT, REEDS, DRUMSTICKS.** Should be obvious.

\_\_\_ **MEDICATION.** Prescription and OTC medications must be in original containers.

- ♪ Some acne medications make your skin very sun sensitive.
- ♪ Please consult your doctor regarding necessary precautions.
- ♪ All medications must be noted on the medical forms!

\_\_\_ **MUSIC LYRE.** Preferably two. Make sure they fit your instrument.

\_\_\_ **SHIRTS.** Tasteful shirts and shorts. Shirts will be worn at all times. No sports bras as outerwear.

\_\_\_ **SHOES.** Good fitting athletic shoes. **NO sandals or fashion shoes.** Your feet will get a serious workout!

\_\_\_ **SOCKS.** Bring an extra pair of socks for each day of camp. If you have a tendency to develop blisters, buy some "sanitary socks" at a sporting goods store to be worn **UNDER** regular socks.

\_\_\_ **SUN SCREEN and INSECT REPELLANT** SPF 15 or higher. Even if you have never sunburned before, **WEAR IT!** Remember to apply to back of neck and top of ears.

\_\_\_ **SUNGLASSES.** An absolute **MUST!**

\_\_\_ **BEACH TOWEL.** To sit on during breaks

\_\_\_ **WATER BOTTLE.** One suitable to carry with you on the field. Plenty of water breaks are provided but some like to guzzle more often.

**Additional Items to Bring to Marching Band Camp Only**

\_\_\_ **TOWELS**

\_\_\_ **PILLOWCASES**

\_\_\_ **SHEETS AND BLANKET OR SLEEPING BAG**

# LAKESIDE BAND ASSOCIATION

## Parent Volunteer Form

Student Name: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please consider giving your time to help the band. There's always something to be done! Your child(ren) will appreciate it (even if they don't tell you) and you might find you enjoy the great band parent camaraderie. It's *band-tastic*!

I/we can assist in the following ways: (please check all that apply)

Communications Committee     Typing     Filing     Computer skills

Hospitality Committee     Audio/Visual assistance     Photography

Programs (printing, designing)     Prepare mailings     Newsletter

Ushering at concerts     Copy materials     Laminating

Assist teacher during day     Load Equipment     Sewing

Chaperone for student activities     Accompaniment     Tutoring

Planning student activities (parties, trips, etc.)     Fundraising

Baked goods (student refreshments, receptions, etc.)     Prop Building

Transportation for special concerts, rehearsals, or performances

Aid in physical setup of performances (moving percussion equipment stands, etc.)

Resource person – special areas of expertise, classroom presentations, etc. – please describe below: