

2018 Roosevelt High School Fall Marching Band Camp
 U.W. Pack Forest Conference Center in Eatonville, WA
 Friday, September 7th – Sunday, September 9th

Forms may be returned today and are due on AUGUST 31. (No joke!)

Parents, we need chaperones. Chaperones are not required to pay the fee. If you'd like to help please email us at rhs@riderband.org

Details:

- All students, including and especially incoming freshman, are encouraged to attend
- We will teach you the marching band music and the ins and outs of marching
- We provide four meals (3 on Saturday and breakfast on Sunday) and snacks
- The camp provides all bedding (sheets, blankets, pillow, and a towel)
- We provide transportation by charter bus to and from the camp
- Cost is \$185 / student.

Friday, September 7 th	Saturday, September 8 th	Sunday, September 9 th
Leave from RHS (15 th Ave. N.E.) at 6:00 p.m. and travel to Pack Forest Students should eat dinner prior to getting on the bus Upon Arrival at camp room assignments will be distributed and camp rules discussed Snacks are provided Friday Night	Breakfast Music Rehearsal Lunch Marching and Field Work Practice Dinner Music/Marching Rehearsal	Breakfast Music/Marching Rehearsal Return to RHS (15 th Ave. N.E.) by 12:30 p.m.

What to Pack:

- Instrument
- Refillable water bottle, insect repellent, sun screen and any medication
- Clothing for two days including rain gear (we will march regardless of weather)
- Personal toiletries including soap, shampoo and deodorant
- Comfortable shoes and clothing for marching

What Not to Bring:

- Bedding and Towel
- Anything that would break the Code of Conduct that you signed

If you have any questions, don't hesitate to contact: Sarah Fulton sarahcfulton@mac.com / 206.399.9292

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Checks may be post-dated September 1st. **Payment and forms are due no later than 8/31/18.** Please mail to: Roosevelt Band Boosters, P.O. Box 15617, Seattle, WA 98115 or directly to Sarah Fulton / 7332 – 46th Ave NE / Seattle / 98115 “FBC” written clearly on the envelope.

Please Print Clearly

Student Name: _____

Student Gender: _____

Student Cell Phone #: _____

Student Instrument: _____

Student Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s) : _____

Dietary Restrictions: (please indicate vegetarian, vegan, and any dietary allergies)

- I have enclosed a check for \$185 (to: Roosevelt High School - memo line: Fall Band Camp).
- I paid through “School Pay” (Band Fall Camp/Retreat – Pack Forest) on this day: _____.
- I have enclosed an extra \$_____ to help with scholarship requests.
- I request financial aid in the amount of \$_____. Please submit a financial aid form found at riderband.org under the “contact us” tab
- I have completed the Parent/Guardian Authorization form.
- I have completed the Field Trip Behavior Expectations Agreement.
- I have completed the Important Medical Information Form and Administration Form if applicable.

If the student has a serious medical condition, please be sure that his/her doctor writes a letter indicating that the student may attend and participate in trip activities.

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my / my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under SPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS *Student Rights & Responsibilities - Code of Conduct*, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and "Medication Administration Form" found on last page of this Authorization.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature

Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian: I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

Parent/Guardian Signature

Date

The student, if at least 18 years of age, or parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name: _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT



SEATTLE PUBLIC SCHOOLS

FIELD TRIP BEHAVIOR AND EXPECTATIONS AGREEMENT

STUDENT AGREEMENT

I, _____ (print student name), understand and agree to follow the rules and expectations listed below while on my overnight field trip to _____
(print date(s) and location(s) of field trip).

1. I understand that this is a school approved field trip and that the *Basic Rules of Seattle Public Schools – Code of Prohibited Conduct* apply to my conduct during this field trip. I agree to follow the *Basic Rules of Seattle Public Schools* while on the field trip and understand that I may be disciplined upon my return if I violate the *Basic Rules of Seattle Public Schools* during this trip.
2. I will conduct myself with maturity, courtesy, and respect toward all parties participating in the field trip, including, but not limited to, my classmates, chaperones/teachers, host family, host school classmates, and host school teachers.
3. I realize that the chaperones/teachers are responsible for my welfare and the welfare of the group. Accordingly, I will obey their instructions at all times.
4. I acknowledge that this is an educational trip. I realize my participation in all group meetings, meals, tours, excursions, and other scheduled events is **mandatory**. I realize that I will only be exempt from participating in scheduled events if I am ill and I obtain prior permission from a chaperone/teacher to miss an event.
5. I will never go off alone or make any unplanned trips or excursions while on the field trip. I will carry the name, address, and phone number of the chaperones/teachers with at all times. I will keep a chaperone/teacher informed of my whereabouts at all times.
6. I will carry my student identification card with me at all times during the field trip. I will promptly show it to any chaperone, school official or other trip leader when requested.
7. I will remain at my assigned lodgings from 10:30 P.M. to sunrise. I will not leave my assigned lodgings after curfew unless I am accompanied by a chaperone/teacher.

8. I will respect public and personal property. I understand that any damages incurred to public property or personal property as a result of my conduct will be my responsibility. I understand that Seattle Public Schools is not liable for any damage that may occur to my personal property on the field trip.
9. I will not drink alcohol, smoke, use other tobacco products, or use illegal drugs and/or medication that is not prescribed to me during this trip. I will not accept or transport any of these items.
10. I understand that if I do not follow the rules and expectations listed above, or if I engage in illegal activity, I may be required to come home early. I understand that my parents will be financially responsible for making arrangements to send me home.

I, _____ (print student name), have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.

Student Signature: _____ Date: _____

PARENT AGREEMENT

I/We, _____ (print parent name/s), have read the rules and expectations listed above. I/We accept the above described behavior and expectations agreement and the following provisions as a condition for my/our child's participation in the field trip:

1. I/We agree to take financial responsibility for my/our child's early return from the field trip, if a chaperone/teacher deems that necessary.
2. If my/our child is returned early, I/we release Seattle Public Schools from responsibility for him/her from the moment of his/her departure from the trip location by a regularly scheduled flight/bus/train.
3. If my/our child is arrested for any illegal activity, I/we accept full responsibility for him/her and release Seattle Public Schools from all supervising responsibility.
4. I/we realize that there will not be any money refunded if my/our child is sent home early or misses one of the scheduled activities for any reason, including illness.
5. I/We acknowledge that my/our child will be expected to behave in a mature and appropriate fashion at all times.
6. I/We understand that Seattle Public Schools is not liable for any damage to public or personal property caused by my/our child during the field trip and that Seattle Public Schools is not liable for any damage to my/our child's personal property that may occur during the field trip.
7. I/We affirm that I/we have read the enclosed U.S. State Department International Travel Information on _____. I/We recognize that there are certain risks associated with international travel and specifically consent to my/our child assuming these risks.

Parent #1

I, _____ (print parent name) agree to the above conditions and expectations.

Parent Signature: _____ Date: _____

Parent #2 (leave blank if not applicable)

I, _____ (print parent name) agree to the above conditions and expectations.

Parent Signature: _____ Date: _____

Important Medical Information Form

Student Name:

Date of Birth:

Parent/ Guardian Name(s):

Telephone: (Cell) _____ **(Home)** _____ **(Work)** _____

Telephone: (Cell) _____ **(Home)** _____ **(Work)** _____

Emergency Contact Information: (other than parent/guardian)

(1) _____
Name Relationship to Student

Phone Number Other Contact Information

(2) _____
Name Relationship to Student

Phone Number Other Contact Information

Primary Care Physician's Name and Contact Information (in case of an emergency):

Health Insurance Provider's Name, Policy #, and Contact Information (in case of emergency):

Insurance Provider Claim Instructions/Procedures (in case of emergency):

Student has the following health issues and/or allergies of which SPS should be aware:

Health Issues:

Allergies (food, medication, insects, plants, animals, etc.):

Student takes the following medications and/or prescriptions of which SPS should be aware:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Is there any factor that makes it advisable for your child to follow a limited program of physical activity, (i.e. asthma, recent surgery, heart condition, abnormal fear, etc.)?

If yes, specify the ways in which you wish his/her program limited:

Additional information of which SPS should be aware concerning student's health:

I authorize the release of the information given above to other school staff in order to coordinate services.

Student Signature, if at least 18 years of age

Date

Parent/Guardian Signature, if student is under 18 years of age

Date

* If necessary, attach doctor's letter to this form.

* If necessary, attach copies that document student's shots and immunizations to this form.

Medication Administration Form

Please send only essential medications with your student on this trip.

Student Name: _____

1. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

2. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

3. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

4. Name of Medication _____

Time(s) to be taken _____

Reason for Medication _____

Side effects to be aware of/other information _____

Additional Information/ Special Instructions:

I authorize for my child to take the above medications on this trip.

Student Signature, if at least 18 years of age

Date

Parent/Guardian Signature, if student is under 18 years of age

Date