Information Packet

Scarlet Knights Marching Band Camp
North Andover High School

2013 – 2014 Season

North Andover Music Association

NAMA Board

Martin McGrath
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Pam & Paul Guerrieo
Uniform Coordinators

Chris Colford
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Welcome to the 2013/2014 season for the North Andover High School Marching Band! The North Andover Music Association (**NAMA**) is a parent run organization providing all types of support for music students throughout the North Andover Public Schools. **We invite everyone with a child active in music, or anyone with an interest in music to join NAMA.** *Support for the music programs is offered through volunteer hours, financial support, and advocacy for the value of music in education.* This past year we purchased a piano dolly, bongo drums, cymbals, and a new marimba, which will debut at this season's show. NAMA also provided support for scholarships, NAMS Great East Festival, and chaperoned numerous events throughout the year. **Please consider joining our association by making a tax-deductible donation!** NAMA is a **501**(c)(3) non-profit organization. Your tax deductible membership donation can be made in two (2) ways:

1) PayPal at www.northandovermusic.org
2) Fill out this form and mail your check payable to: North Andover Music Association to NAMA c/o Lisa Vayanos**,** Treasurer, 12 Wiley Ct, North Andover, MA 01845

Name(s)_____

Address_____

Telephone_____Email_____

Student(s) Name(s)_____Grade(s)_____

I/We wish to support the NA Schools Music Programs by volunteering to help NAMA by:

☐ **Fundraising** ☐ **Chaperone** ☐ **Baking/Food/Drink** ☐ **Wherever I am needed**

I/We wish to support the NA Schools Music Programs by:

☐ **Holding a position on the NAMA Board**

☐ **Volunteering for NAMA**

☐ **Making a donation of _____, valued at _____**

☐ **Participating in corporate sponsorship**

Company_____

I/We wish to become a member of NAMA by making a contribution to be acknowledged in programs as:

☐ **Sponsor and NAMA member ($25-$74)**

☐ **Patron ($75-$199)**

☐ **Angel ($200 or more)**

☐ **Corporate ($500 or more)** **Total Amount Enclosed**

$_____

Does your company have a matching gift program? Company Name_____

Corporate Matching Gifts can double your support for our music programs!

Thank you for your support and please visit us at www.northandovermusic.org

Please contact Martin McGrath, NAMA President, at martinpmcgrath@msn.com for additional information.

Thank you for your support,

Dorothy Varga, Membership Chair 2013-2014

Forms

Print and fill out all the Band Camp forms below. Bring them with you to the first day of camp; pass them in to the Assistant Band Director, Meggin Kelly. You CANNOT join the band on the field if your forms are not completed – it is a safety issue. We need the emergency contact information / health form… just in case.

Band Camp – August 12 -17

NAHS Marching Band 2013 theme: *"A Ride Through the Seasons"*

Band Camp Checklist

(NO STUDENT is permitted on the field without completed forms!)

___ Marching Band contract

___ health forms – medical form, head injury form, health form

___ student/parent info sheet

___ uniform form with check (may bring this to uniform pick-up)

___ shoe order form if needed, ____ polo shirt order form

___ photo consent form

___ CORI form if parent plans to volunteer with students (copy of Photo ID required)

Link for form: http://www.northandoverpublicschools.com/cms_files/resources/CORI_Form.pdf

- Your instrument, of course!
- Your music (print on line at NAMA website or contact your section leader)
- A pencil and dot book (a small memo pad with spiral at top)
- A flip folder (if you have one)
- A lyre (you can buy this from a local music store)
- Mallets (for bass tenor percussionists only)
- Binder with plastic inserts (for drumline members)
- A hat, sunglasses, sunscreen
- Comfortable clothes, sneakers
- **Lots** of water! (It's a good idea to get a CamelBak or other water bottle you can carry on your back; freeze water for cooler drinks later in the day.)
- Eat a good lunch before arriving – Band Camp starts at 12 noon – Mon – Fri (9am on Sat)
- Snacks – bring a small cooler!
- There is a 1 hr dinner break (4 -5 pm M – F): You can go home or bring your dinner or bring money for dinner.

Student – Parent Info Sheet (Please print neatly)

Student Name _____ Year of Graduation: _____

Instrument _____ Color Guard ____ Drum Major ____ Chorus ___

Student e-mail _____

Student cell phone _____ Home Phone _____

Address _____

Parent Name(s) _____

Phone Numbers: Cell _____

Home or Work _____

e-mail address(es): _____ _____

North Andover Music Association Website northandovermusic.org

NAMA maintains its own website to support the band and chorus programs of North Andover. Important announcements, forms, contact information is included on this site. Photos of events, videos of performances are highlighted here. Periodic e-mails are sent alerting NAMA members and band parents of news. You may request to be deleted from mailings at any time.

Volunteer Opportunities: Check all that apply!

_____ Help distribute band uniforms during band camp

_____ Chaperone football games, competitions, parades

_____ Plan fundraising events

_____ Work on scholarship committee

_____ Volunteer for NESBA marching band show on October 5

_____ Volunteer at Senior District band/chorus auditions on November 23

_____ Help at awards banquet

_____ Band Uniform collection in June

Your ideas of how you could help:

Scarlet Knights

High School Band Contract

The Marching Band Handbook is posted on the NAMA website.

Please read it and then sign this contract.

northandovermusic.org

I, _____, agree to abide by the rules stated in the North Andover High School Handbook as well as those stated in the Marching Band Handbook (posted on NAMA website). I understand that, as a member of the NAHS Band, I have a responsibility to all other members of the band to learn my music to the best of my ability, to bring a positive attitude to all rehearsals, to ask for help when I need it and help others when needed, to keep my school grades high enough so as to not prohibit participation in band activities, to conduct myself in such a way so as to represent our school well, to plan my schedule well so that I can attend rehearsals and performances, to arrive at all events on time, and to promote music as a positive aspect of my life.

_____ _____

Student signature Date

I, _____, certify that I have read the rules and guidelines in the Marching Band Handbook (posted on NAMA website) and agree to follow them to the best of my abilities. I agree to help reinforce what is being taught to my son/daughter in band, to schedule my family events around those of the band if at all possible, to provide adequate practice time and space, and to support the high school musical endeavors of my son/daughter.

_____ _____ _____

Parent signature Date

Music Department Health & Emergency Information Card 2013-2014

Date: _____/_____/_____ Year of Graduation: _____

Name of Student: _____ Date of Birth: ____/____/____

Student's Address: _____Tel: _____

Name of Parent(s): _____ Health Insurance: _____

Family Physician: _____ Tel: _____

Father's Cell or phone _____

Mother's Cell or phone _____

Name, Address, Tel # of 2 local people to be notified if parent is not at home:

1. _____ Home# _____ Work# _____

2. _____ Home# _____ Work# _____

Medical Condition(s): _____

Medication Allergy: No ____ Yes ____- Name(s): _____ Bee Sting Reaction: No__ Yes__

Food Allergy: No___ Yes___ - Name(s): _____ Inhaler: No ___ Yes ____

Glasses: No ___ Yes ___ Hearing Aid: No ___ Yes ___ Current Ear Tubes: No___ Yes____

Chicken Pox: No___ Yes___ Immunization in the last year: _____ Last Physical: ____/____/____

Other allergies: _____

(To be completed if not in violation of confidentiality): Please list all current medications:

_____

PLEASE NOTIFY THE MUSIC OFFICE OF ANY CHANGES DURING THE SCHOOL YEAR

CONSENT: I give my consent to share this information with the appropriate school personnel.

_____
(signature of parent or guardian)

1. I give permission to have the school nurse or school personnel designated by the school nurse to give the following medicine:
_____ prescribed by_____ to_____.

(name/dose/route of medicine) (name of licensed prescriber) (name of student)

2. I give permission for my son/daughter to self-administer medication if the school nurse or designee deems it safe and appropriate including aspirin, acetaminophen, and/or Ibuprofen. Yes ____ No ____

3. I give permission to the school nurse to share with appropriate school personnel and chaperones, information relative to the prescribed medicine administration, e.g., adverse side effects, as he/she determines necessary for my son's daughter's health and safety. Yes ___ No ___ Any restriction on release: _____

Signature of Parent/Guardian _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION

NORTH ANDOVER HIGH SCHOOL ATHLETIC DEPARTMENT

STATE LAW REGARDING SPORTS-RELATED HEAD INJURY AND CONCUSSIONS

The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all schools subject to Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season. If a student-athlete becomes unconscious, or is suspected of having a concussion, during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for "return to play".

Parents and students who plan to participate in any athletic program at North Andover High School must also take a free online course. Two free online courses are available and contain all the information required by law. The first is available through the National Federation of High School Coaches. You will need to click the "Order here" button and complete a brief information form to register. At the end of the course you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes. Please follow the link below:

http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000

The second online course is available through the Centers for Disease Control and Prevention at:

www.cdc.gov/Concussion

Please sign below that you have read the above and have completed one of the courses listed. This is required in order to participate on any athletic team at North Andover High School.

Thank you very much.

_____	_____	_____
Parent Signature	Print Name	Date
_____	_____	_____
Student Signature	Print Name	Date

PARENT/GUARDIAN, PLEASE COMPLETE THE FOLLOWING:

Has student/athlete ever experienced a traumatic head injury (blow to the head)? Yes____ No____

If yes, please list dates (month/year) _____

Has student/athlete ever received medical attention for a head injury? Yes____ No____

If yes, please list dates (month/year) _____

If yes, please described the circumstances:

Was student/athlete diagnosed with a concussion? Yes____ No____

If yes, please list dates (month/year) _____

Duration of symptoms for most recent concussion: (headache, fatigue, difficulty concentrating, etc.)

Does your student/athlete carry an Epi-pen? Yes____ No____ Specific allergy_____

SCARLET KNIGHTS MARCHING BAND
UNIFORM CONTRACT AND SHOE ORDER

I understand my responsibilities with the Marching Band uniform.

Student Signature _____ Grade ___ Phone # _____

____ $20.00 end-of-year dry cleaning fee paid (make checks out to NAMA)

Issued Uniform # _____

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Dinkle Shoe Order: (shoes will be delivered to band room for student pick-up)

Shoe Size: ___ Men's or Women's (circle one) Black or White (drum majors only – white)

___ Leather ($34) ___ Vinyl ($24)

***NAHS Band* Embroidered Polo Shirt:** (worn at warm weather parades and games)

____ $24 Circle shirt size: small medium large X-large

_____ Total Paid: Make all checks payable to **NAMA**

Photo/Videography Consent Form

By being a member of the North Andover Music Program, you are often photographed and videotaped during rehearsals and performances. Many of these pictures and movies are then used in the high school's fine arts program, newspapers and slideshows, on the school website and other secure websites, etc. However, we will not post any individual pictures/films involving you without your consent. Please refer to the website for an idea of how photos have been displayed in the past. Please check one:

Photographs/ movies involving me **can** be displayed ____

Photographs/ movies involving me **cannot** be displayed ____

Student Name (please print)_____

Parent Signature: _____ Date:_____

Student Signature: _____ Date:_____

Be sure to bring ALL forms, signed, with you to the first day of band camp.