

BAND CAMP FEE AND ORDER FORM

Band Member's Name _____

Section _____

Year of Graduation _____

Band Camp Fee (Band & Color Guard)	\$30.00	\$ _____
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Wind Suit (Band, Honor & Color Guard) Ordered online in the spring.	\$65.00	\$ _____
<i>Circle sizes</i> (* Note: There is an extra \$2 charge for wind suits that are 2XL or larger.)		
Women's Jacket (\$32.50*)	XS S M L XL 2XL* 3XL* 4XL*	
Men's Jacket (\$32.50*)	XS S M L XL 2XL* 3XL* 4XL*	
Pants (unisex) (\$32.50*)	XS S M L XL 2XL* 3XL* 4XL*	

Shoes (Band & Honor Guard) <i>(Students are sized during band camp.)</i>	\$37.00	\$ _____
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Gloves (Woodwind, Brass & Honor Guard)	# _____ @ _____	\$ 3.00	\$ _____
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Band Shirt (Band & Honor Guard) Ordered online in the spring.	# _____ @ _____	\$17.00	\$ _____
<i>Circle sizes</i> (* Note: There is an extra \$2 charge for band shirts that are 2XL or larger.)			
# of shirts _____	XS S M L XL 2XL* 3XL* 4XL*		

Band Hat (Band, Honor and Color Guards)	\$13.00	\$ _____
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Sweatshirt (Optional)	\$28.00	\$ _____
<i>Circle sizes</i> (* Note: There is an extra \$2 charge for sweatshirts that are 2XL or larger.)		
<i>(If ordering additional shirts for family members, indicate information on reverse side.)</i>		
# of shirts _____	XS S M L XL 2XL* 3XL* 4XL*	
Name to be printed on the back of shirt _____		
Instrument to be printed down the sleeve _____		
(Percussionists usually put Drum line. Your instrument may change.)		

Pink Shoe Laces (for October- REQUIRED)	# _____ @ _____	\$2.00	\$ _____
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TOTAL \$ _____

For Dover Eagle Music Booster Use		
Method of Payment (Highlight and indicate amount.)		PAID
<input type="radio"/> Student Credit	\$ _____	
<input type="radio"/> Check (Check # _____)	\$ _____	
<input type="radio"/> Cash	\$ _____	
<input type="radio"/> Other (_____)	\$ _____	

DOVER MUSIC EMERGENCY AND HEALTH INFORMATION

CONTACT INFORMATION

Student's Name _____
(Last) (First) (Middle)
Address: _____
(Street) (Town) (Zip)
Grade: _____ Instrument _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Cell Phone # _____
Parent/Guardian 2 Name: _____ Cell Phone # _____
Health Insurance _____ Policy # _____
Doctor _____ Dentist _____
(Name and Phone #) (Name and Phone #)

EMERGENCY CONTACT INFORMATION

(list relative, friends who could assume responsibility for your child in the event parents/guardians are not available)

Contact 1 Name: _____ Cell Phone # _____
Contact 2 Name: _____ Cell Phone # _____

MEDICAL INFORMATION

Does your child have any long-term medical problems such as diabetes, epilepsy, asthma, etc.? YES NO

If YES, describe condition and treatment:

Does your child take any medications, injections, or use an inhaler? YES NO

If YES, list:

Medication	Dosage	Frequency

Does your child have allergies (drug, food, environmental, etc.)? YES NO

If YES, does your child carry an epi pen?

YES NO

If YES, please indicate what the student is allergic to.

If YES explain reaction and treatment.

Continue 

Does your child wear glasses? YES NO

Does your child wear contact lenses? YES NO

Do you give permission for your child to receive the following (check all that apply)?

- Ibuprofen (e.g. Advil)
- Acetaminophen (e.g. Tylenol)
- Antacid (e.g. Tums, Mylanta)
- Benadryl (for allergic reactions, bee stings, etc.)

Does your child have any dietary restrictions for medical or religious purposes? YES NO

If YES, please indicate specific dietary needs.

CONSENT:

I give permission for my child _____ to be seen, in my absence, by a licensed physician or at a medical facility, if needed, due to illness or injury that occurs while accompanying any Dover Music organization or activity when deemed necessary by the music director, music nurse, or appointed chaperones.

Parent/Guardian (PLEASE PRINT) _____

Parent/Guardian Signature _____ Date _____

Inquiries concerning band camp may be directed to Mr. Bradshaw at gbradshaw@doversd.org

PERMISSION FORM FOR BAND CAMP AND ACTIVITIES

I/We have read and agree to abide by the Dover Area School District guidelines set forth on the Dover Area School District Co-Curricular Participation Guidelines document and the school's decision(s) involving any violation(s) of the guidelines.

I give _____ permission to attend band camp and all other band activities during this school year.

I understand that after **June 7, 2020**, if my child chooses not to participate in Marching Band, I will forfeit all fees for items ordered. I will only be reimbursed \$30.00 of the band camp fee.

I give permission for my child to be photographed as a part of the Dover "Eagle" Marching Band. These photos may be used in band publications and/or news articles about the band.

Yes _____ No _____

The students are responsible and accountable for their own wind suit, shoes, shirt, gloves, hat, water bottle, and bag throughout the Marching Band season. PLEASE LABEL ALL OF THESE ITEMS.

Date _____

Parent/Guardian Signature (*Required*) _____

Student Signature (*Required*) _____ Section _____

Year of Graduation _____

Address _____

Contact Information: Only provide email addresses for those who wish to receive regular Music Booster email communication. Please print clearly.

Parent/Guardian 1 Name: _____ Cell Phone # _____

E-mail address _____

Parent/Guardian 2 Name: _____ Cell Phone # _____

E-mail address _____

If this information changes during the year, please contact Mr. Bradshaw at gbradshaw@doversd.org and Cindy Eifert at musicboosters@doversd.org.

VOLUNTEER CLEARANCES

Band Member's Name _____

Parent/Guardian's Name _____

Please fill out a separate form for each parent/guardian wishing to volunteer.

Please note that all volunteers must have their clearances on file with Dover Area School District: **Child Abuse History Certification, Criminal Record Check, and TB Test**. Clearances are required to volunteer, except when donating food. In order to keep your clearances active, you must volunteer at least one time during each school year. (Donating food counts towards keeping your clearances active.) These [Volunteer Clearance Forms](#) are also available at the Administration Office or on the district website under the Community tab → Volunteer → Volunteer Packet.

If you have questions regarding the status of your clearances, please contact Jessica Langone (jlangone@doversd.org) or Amanda Feeheley (afeeheley@doversd.org) at the district offices. (Phone number 717-292-3671 Ext. 80200)

- I **have** my updated clearances with DASD.
- I **do not have** my updated clearances, but I am in the process of obtaining them.
- I have my updated clearances and am a certified **nurse** or **EMT** and am willing to chaperone.

Depending on the status of the COVID-19 Pandemic event, we may have opportunities to volunteer in the following areas. (Check those areas in which you are interested.)

- Chaperoning (riding buses and assisting at football games, band shows, and parades)
- Roadies (transporting and maintaining equipment, building props, assisting with logistics for events and/or practices)
- Chicken and French Fry Stand (assisting with the serving and selling of food at our stand)
- Fudge Stand (assisting with maintaining the fudge stand at the Dover Carnival and various school events)
- Novelty Stand (assisting with maintaining the novelty stand at various events)

The Dover Music Boosters and the Dover community are very proud of the talent and size of our marching band. It takes the help of many volunteers behind the scenes to support our students as they represent our school. Please consider volunteering as the season progresses and becoming part of our team. Thank you!