# BAND CAMP FEE AND ORDER FORM

#### Band Member's Name

Year of Graduation \_\_\_\_\_

Section										
Band Camp Fee (Band & C	Color G	luard)					\$35.	.00	\$	
Wind Suit (Band, Honor & C Circle sizes (* Note: There is an			rge foi	r wind	suits th	at are 2XL	\$65 or larger.		\$	
Women's Jacket (\$32.50*)	XS	S	М	L	XL	2XL*	3XL*	4XL*		
Men's Jacket (\$32.50*)	XS	S	Μ	L	XL	2XL*	3XL*	4XL*		
<b>Pants (unisex)</b> (\$32.50*)	XS	S	Μ	L	XL	2XL*	3XL*	4XL*		
Shoes (Band & Honor Guard)	(Stud	lents a	ıre size	ed duri	ing ban	d camp.)	\$40.	00	\$	
Gloves (Woodwind, Brass, Drum	Majors	& Ho	nor Gı	iard)		#	_@ \$3	.00	\$	
Band Shirt       (Woodwind, Brass, Drum Majors & Honor Guard)       #@       \$18.00       \$         NEW GRAY COLOR – REQUIRED       (Previous white shirts no longer acceptable)         Circle sizes       (* Note: There is an extra \$2 charge for band shirts that are 2XL or larger.)										
# of shirts	XS	S	Μ	L	XL	2XL*	3XL*	4XL*		
Name to be printed on the back of	of the sh	nirt								
Band Hat (Band, Honor and	d Color	Guar	rds)				\$13.	.00	\$	
Crewneck Sweatshirt (C Circle sizes (* Note: There is an (If ordering addition)	extra \$2	2 char					•	)	\$ /e.)	
# of shirts	XS	S	Μ	L	XL	2XL*	3XL*	4XL*		
Name to be printed on the bac	k of shi	rt								
<b>Instrument</b> to be printed dow (Percussionists usually put				mont	mayaha	<b>n</b> go )				
Hooded Sweatshirt (Opti		ine. ro	our msu	rument	may cha	nge.)	\$33	.00	\$	
Circle sizes (* Note: There is an (If ordering addition)	extra \$2						or larger.	)	·	
		0 0			,	Ŭ			<i>e.)</i>	
# of shirts	XS	S	Μ	L	XL	2XL*	3XL*	4XL*		
Name to be printed on the bac	k of shi	rt								
<b>Instrument</b> to be printed dow (Percussionists usually			e. You	ur insti	ument	may change	e.)			
Masks (one provided at no cost, ad						@	\$5.	00	\$	
						I	OTAL	1	\$	
For Dover Eagle Music Booster Use				*						
For Dover Eagle Music Booster Use       0         Student Credit       0         Check (Check #)	)			\$						

# DOVER MUSIC EMERGENCY AND HEALTH INFORMATION

CONTACT INFORM	ATION			
Student's Name				
Address:	(Last)	(First)	(Middle)	
Grade:	(Street)	(Town) Instrument	(Zip)	
PARENT/GUARDIAN	N INFORMATIO	DN		
Parent/Guardian 1 Nam	e:		Cell Phone #	
Parent/Guardian 2 Nam	e:		Cell Phone #	
Health Insurance		Policy	, #	
Doctor(Name and	DL and #)	Dentist	(Name and Dhane #)	
(Name and	Phone #)		(Name and Phone #)	
EMERGENCY CONT (list relative, friends who could		ATION y for your child in the event parents/guar	dians are not available	)
Contact 1 Name:		Cell	Phone #	
Contact 2 Name:		Cell	Phone #	
MEDICAL INFORM	ATION			
Does your child have a diabetes, epilepsy, asth If YES, describe condit	ıma, etc.?	edical problems such as	• YES	NO
<b>Does your child take</b> a If YES, list:	any medications,	injections, or use an inhaler?	□ YES	□ NO
Medication		Dosage	Frequency	
<b>Does your child have</b> If YES, does your child If YES, please indicate	d carry an epi pen		<ul><li>YES</li><li>YES</li></ul>	<ul><li>NO</li><li>NO</li></ul>
If YES explain reaction	n and treatment.		Continue	<b>→</b>

Does your child wear glasses?	□ YES	🖬 NO
Does your child wear contact lenses?	□ YES	□ NO
<b>Do you give permission for your child to receive the following (check all</b> Ibuprofen (e.g. Advil)	that apply)?	
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

## 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 **May 14, 2021**, if my child chooses not to participate in Marching Band, I will forfeit all fees for items ordered. I will only be reimbursed \$35.00 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 <u>ALL</u> OF THESE ITEMS.

Date\_\_\_\_\_

Parent/Guardian Signature (Required)\_\_\_\_\_

Student Signature (Required)\_\_\_\_\_\_Section\_\_\_\_\_

Year of Graduation \_\_\_\_\_

Address \_\_\_\_\_

<u>Contact Information:</u> 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. Br and band camp coordinators at <u>musicbooste</u>	

# **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 <u>Volunteer Clearance</u> <u>Forms</u> are also available at the Administration Office or on the district website under the Community tab  $\rightarrow$  Volunteer  $\rightarrow$  Volunteer Packet.

If you have questions regarding the status of your clearances, please contact 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.)

- <u>Chaperoning</u> (riding buses and assisting at football games, band shows, and parades)
- <u>Roadies</u> (transporting and maintaining equipment, building props, assisting with logistics for events and/or practices)
- <u>Chicken and French Fry Stand</u> (assisting with the serving and selling of food at our stand)
- <u>Fudge Stand</u> (assisting with maintaining the fudge stand at the Dover Carnival and various school events)
- <u>Novelty Stand</u> (assisting with maintaining the novelty stand at various events)
- o <u>Band Camp</u> (assisting with distributing materials to the band members and fitting of uniforms)S
- <u>Fundraising</u> (assisting with sorting and distribution of fundraising items)

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!