



**East Grand Rapids High School
Instrumental Music Department**

2211 Lake Drive, SE; Grand Rapids, MI 49506
Phone: 616.235.7555 ext. 5137 / Fax: 616.235.7592

TO: 2008 EGRHS Pioneer Marching Band Families
RE: Summer marching band camp (July 27 – August 1)
DATE: May 5, 2008

Dear EGR Band Students and Families:

As we approach the end of the 2007-08 school year we begin looking forward to the summer and our upcoming “Pioneer” Marching Band Camp. Once again, camp will be held at the beautiful Camp Manitou-Lin in Middleville, MI. The dates of camp will be July 27 – August 1.

Camp Manitou-Lin offers a wonderful facility that insures a successful experience both academically as well as socially. While the camp itself provides a safe and adequate learning environment with clean living accommodations and ample rehearsal space, the structure of our camp’s itinerary will include both an aggressive work schedule as well as activities that will provide time for social bonding and initiate the camaraderie on which we will build our program for the coming year.

As with any function associated with the EGRHS Instrumental Music Department, student safety and well-being will be our first and greatest concern. Along with our students and directors, camp will include an ample number of parent chaperones and a graduate staff of counselors. This staff will be comprised of experienced music education students from our state’s major universities as well as adult directors from area school districts. Together, we will work to provide an experience that every student will enjoy and every family will trust.

Due to the nature of this camp, every student who is scheduled to participate in the 2008 marching band should plan to attend. This is the week where our freshman members will learn proper marching technique while our upperclassmen continue to refine their craft. In addition, we will begin learning the many half time shows that will make up our very busy fall season.

Attached you should find a “points list” regarding this year’s camp. It will include information on camp cost, transportation considerations and camp regulations. You will also find the required health appraisal form. **The completed health appraisal form and \$100.00 deposit payment will be due by Tuesday, May 20, and can be submitted to the high school main office. The balance payment is due by July 1 and can also be submitted at the high school main office.**

Thank you for your continued support. We are looking forward to the success of our 2008 marching season and look forward to providing an excellent experience for each of our students.

Sincerely,

William B. Bier
Director,
EGR Bands/Orchestras
bbier@egrps.org

Brian Topolewski
Director,
EGR Bands
btoplew@erps.org

BAND CAMP "POINTS" LIST

EXPENSE: The cost of camp is \$360.00/student. This fee covers the cost of room and board for the entire week. Because no student should be denied the opportunity to participate for financial reasons, the EGR Music Boosters have been very generous in the past in helping students attend camp. If a financial need exists, some work assistance grants are available. Please contact the high school instrumental music office if you anticipate a problem. **STUDENT DEPOSIT PAYMENT (\$100) IS DUE NO LATER THAN TUESDAY, MAY 20, 2008. THE BALANCE SHOULD BE PAID IN FULL BY JULY 1.** All band camp fees should be submitted to the high school main office. No refunds will be made after July 1, 2008 and any cancellations must be cleared through Mr. Bier.

TRANSPORTATION: Each student will need to be brought to and picked up from camp by his/her family. There will be a truck to bring large equipment/instruments. The students will perform its band camp show for parents at 1:00 p.m. the afternoon of camp pickup (August 1). This show will demonstrate how much the students and staff have accomplished throughout the week. Students will be dismissed from camp following this performance.

HEALTH APPRAISAL: No physical examination is required. Please complete the enclosed Health Appraisal and return to the high school office by Tuesday, May 20, 2008. Parents **MUST** be sure to include the proper insurance information. **Please sign the "Permission to Treat" form on the back of the Health Appraisal.**

CAMP REGULATIONS: **Parents and students must sign the "Responsibility Agreement" on the back of the Health Appraisal Form showing that you have read these rules:** Any damage or loss of property of Camp Manitou-Lin caused by an individual's improper use must be paid by that individual. There will be no use of alcoholic beverages, tobacco, or drugs during camp. No student is permitted to leave their cabin after taps and lights out. No student is to leave the campground without permission from the camp leadership. All campers must wear socks and tennis shoes to marching rehearsals. Playing cards for money is prohibited. Every student is expected to be at their respective planned activity or in the health lodge with the nurse. Any student who fails to conform to the necessary regulations or refuses to accept supervision will be sent home with no refund of fees. Parents will be notified and requested to take their camper home immediately.

COUNSELORS: The success of band camp depends on the support and assistance of our adult counselors and chaperones. By having parents available onsite, we can guarantee supervision and safety throughout the day. Also, these additional "hands" help to provide service when the directors and/or teaching staff are unavailable during the day due to their responsibilities. Parents who would like to be involved in counseling this year's band camp are requested to contact Mr. Bier at 235.7555 ext. 5137 or by email at bbier@egrps.org. This is a fantastic way to get involved with our terrific students and chaperones may consider splitting the week with another chaperone if you are unable to give the entire week.

Please complete the Health Appraisal Form and return with your payment to the main office at the high school no later than Tuesday, May 20th. Please save this document for reference. Another letter will be sent to you in the middle of July with further details regarding final preparations. As always, if you have any questions please feel free to contact the instrumental music office.

**East Grand Rapids High School
Student Health Appraisal Form
Return with all Signatures and Camp Payment**

Name _____ Sex _____ Date of Birth _____
(Last) (First)

Address _____ Phone _____
(Number & Street) (City) (Zip)

If not available in an emergency, please notify:

Name _____ Phone _____

Family Physician's Name _____ Phone _____

Medical Insurance Company _____ Policy _____

Are you having any problems listed below? Please X

- | | | |
|-----------------|---------------------|---------------------|
| Asthma | Convulsions | Seizures |
| Wheezing | Heart Trouble | Diabetes |
| Hay Fever | Bowel/Urine Trouble | Shortness of Breath |
| Sore Throat | Menstrual Problems | Frequent Colds |
| Speech Problems | Headaches | Anxiety |
| Dental Problems | Blackout/Fainting | Painful Joints |
| Backaches | Stomach Pains | Weight Loss |

Other: Specify _____

Known Bee Allergies/Reaction? Yes__ No__ If yes, will you carry an epi pen? _____

Known Food Allergies _____

Other Known Allergies: Specify _____

Are you under medication that must be administered during camp? If so, What? _____

Date of last tetanus shot, if known _____

ALL MEDICATIONS MUST BE LABELED AND TURNED INTO THE CAMP NURSE UPON ARRIVAL AT CAMP.

Are you under a doctor's care at the present time? If so, for what? _____

Continued: _____

May the nurse give Acetaminophen (Tylenol)? Yes _____ No _____

May the nurse give Ibuprofen (Motrin/Advil)? Yes _____ No _____

May the nurse give Benadryl or Sudafed? Yes _____ No _____

Optional Information for Nurses(s) and Director(s):

Are you A.D.D.? _____ A.D.H.D.? _____

If yes, any Medications? _____

Please list any physical limitations or recommendations/suggestions you think may help while attending camp:

Please note, all information in this document will remain confidential with the camp nurse(s) and the Director(s) of Music.

PERMISSION TO TREAT

I, the undersigned, in case of emergency hereby give permission to a licensed physician, selected by the camp nurse, to hospitalize and/or secure proper treatment, anesthesia, blood transfusion, or surgery for my child if the emergency contact is unreachable. All emergencies will be taken to Pennock Hospital in Hastings, Michigan.

Signature _____ Date _____

RESPONSIBILITY AGREEMENT

I have read and agreed to all the Camp Regulations laid out in the attached letter.

Student Signature Date

Parent Signature Date