



FARWELL MARCHING BAND CAMP

Commitment, Registration, Medical Form and Authorization - for Band Camp 2024
CAMP WILL BE MONDAY, August 5 to FRIDAY, August 9, 2024

MAIL completed registration form AND Medical Form with your first payment to...
Farwell Band Boosters, P.O. Box 884, Farwell, MI 48622
All Payments must be made BEFORE Band Camp

2024 Band Camp will cost \$285 and will be held at The Springs. This fee includes the Show T-Shirt, gloves and after season cleaning fees. **Additional costs to expect are for marching shoes if needed (\$35).** Students purchase their own marching shoes (through the school) and black socks, the School provides the rest of the uniform at no cost to the student.

TIMELINE

- First Friday in March - Commitment Form returned
- Last Friday in March - A \$50 non-refundable registration fee along with the forms are due, which will be applied toward the total tuition fee of \$280. Any FundRaising over the total amount of Band Camp will always go into the Band Boosters General Account.
- Last Friday in May- Final \$230 balance is due
- 2nd STUDENT DISCOUNT- Families with 2 students in the same household receive \$50 discount.
- EARLY BIRD PAYMENT DISCOUNT - Pay in full by the spring concert to receive \$30 discount per student

Commitment to 2024 Marching Band and Band Camp

There are many details to make sure are taken care of in our preparation for next marching season. The School District and Band Boosters are trying to make sure we have enough uniforms, adequate instruments as well as finalizing details for The Springs.

In order to make sure we are all on the same page for our 2024 Marching Band we need to have commitments from students and parents as to whether or not they will be a part of the 2024 Marching Season. Please fill out this form to let us know what your plans are for next fall.

Return THIS Commitment form by the first Friday in March to Mr. Shimmons

DO YOU PLAN ON BEING A MEMBER OF THE 2024 FARWELL MARCHING BAND -

YES

NO

STUDENT NAME (Print) - _____

PARENT/GUARDIAN NAME (Print) - _____

DATE - _____



Sign to indicate that you understand that by signing this form you are reserving a uniform, instrument, spot at camp and registering for 2024 Marching Band.

Parent/Guardian Signature

Student Signature



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Band Camp Payment Breakdown	
<u>COST</u>	
Total Paid by last Friday in May	\$285
(Covers Camp, Student Show Shirt, 1 Pair of Gloves, Uniform Cleaning @ end of season)	
Student Shoes (Freshmen for sure)	\$35
Parent Shirts Each	\$20
<u>SAVE</u>	
Early Bird Discount if Paid by Spring Concert	-\$30
2nd Student Discount	-\$50



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Part One - STUDENT INFORMATION:

Name: Last _____ First _____ Middle _____

Address: _____

City: _____ Zip: _____

Home Phone (Primary): _____ Student Cell Phone: _____

Student E Mail Address: _____

Grade Entering in Fall: _____ Graduation Class Of : _____

Birth date: _____ / _____ / _____

Instrument: (Marching) _____

•ONLY Pre-Ordered Shirts will be ordered! There is not a second chance!

STUDENT Band Shirt Size: (circle one) S, M, L, XL, 2X, 3X

Student shirt cost is included in the cost of band camp.

OPTIONAL - Parents - If you also want a show shirt then list your sizes and quantity below.
Parents shirts will be \$20 each and pre-paid along with student money by last Friday in May.

PARENT Band Shirt Sizes - ____ S ____ M ____ L ____ XL ____ 2X ____ 3X

•ONLY IF YOU NEED MARCHING BAND SHOES FILL THE SHOE INFO OUT

Band Shoe Size: (circle one) Mens - Womans - Write in Size _____



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Part Two - PARENT/GUARDIAN INFORMATION:

Guardian Names: First _____ Last _____

Mothers Work Phone: _____ Fathers Work Phone: _____

Mothers Cell Phone: _____ Fathers Cell Phone: _____

Fathers E-mail Address: _____

Mothers E-mail Address: _____

Address If different from the one listed for the student

Part Three - GENERAL MEDICAL INFORMATION

Family Physician _____

Insurance Co. & Policy Holder : _____ Policy No.

_____ Div. Code No. _____

1. Person other than authorized person to be notified in an emergency situation

NAME _____ PHONE # _____

Address _____

City, State Zip Code _____

Part Three Continued: MEDICAL HISTORY (To be filled out by parent or guardian only)

Has or Does this person;

Circle & please explain all "yes" answers below

Ever not been not allowed to participate in physical activity for a medical reason	Yes	No
Ever had surgery?	Yes	No
Have any missing organs? (eye, kidney etc...)	Yes	No
Have any allergies to medicine or insect bites?	Yes	No
Passed out or been dizzy during or after exercise?	Yes	No
Have chest pain during or after exercise?	Yes	No
Tire more quickly than his/her friends during exercise?	Yes	No
Have high blood pressure?	Yes	No
Been told he/she has heart murmurs?	Yes	No
Have any skin problems?	Yes	No
Ever had a head or neck injury?	Yes	No
Ever been knocked out or unconscious?	Yes	No
Ever had a seizure?	Yes	No
Ever been dizzy, passed out or had heat cramps in the heat?	Yes	No
Ever have trouble with breathing or coughing during or after activity or been told you have asthma	Yes	No
Have had problems with vision?	Yes	No
Wear glasses or contacts?	Yes	No
Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints?	Yes	No
Are you pregnant?	Yes	No
Have an Epi-Pen	Yes	No

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Do you have any medical problems listed below? (Please check off)

_____ High Blood Pressure _____ Mononucleosis _____ Diabetes _____ Abnormal Bleeding

_____ Other infectious Disease (List) _____

_____ Allergies to food or drugs? (List) _____

List dates for last Tetanus Shot: _____

Please explain all "Yes" answers from above (Use a separate sheet if needed):

LIST OF ALL MEDICATIONS BEING BROUGHT TO CAMP:

These MUST ALL be in the original containers with the original labels and they must be turned in at registration. (Use separate sheet if needed)

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Part Five Continued: Authorized Release Information

1. Name of All Persons to whom Camper may be released or ride with.

A.

B.

Will the student need to ride back and forth for sports practices/game? What day and times? Make sure that the person they are riding with is listed above. - (This may need to be filled out right before camp) -

2. Is there anyone we should NOT release you child to specifically? (technically if a person is NOT on the list above we can not release them to anyone else anyways but if there is a situation we should be aware of please put a name here)

3. What fall sports is your student involved in?

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Part Five: Authorization Signatures

Photography and Videotaping Release

I hereby authorize the Farwell Area Schools and the Farwell High School Instrumental Music Program full and absolute permission to take, or contract with others to take, photographs or videotapes of my child, or minor of whom I am the legal guardian, in an education or cultural environment. Such photographs or videotapes may be published in media, print or internet form by the Farwell Area Schools or Farwell High School Band Boosters for educational and/or public information purposes without compensation or liability for such use.

Student Permission and Liability Release - For marching and the entire school year

I hereby give my permission and approval as parent(s) and/or guardian(s) for my student to attend band camp and all other Farwell High School band functions during the **entire** 2024-2025 school year. It is my understanding that these activities are approved by Farwell Area Schools and are duly chaperoned by teacher(s) and/or parent(s). I understand that Farwell Area Schools, the Instrumental Music Directors, school administrator(s), teacher(s), counselor(s), and/or chaperone(s) will assume no liability for accident or injury claims while performing their duties and/or claims incurred through the use of facilities. The undersigned individual(s) agree(s) to hold all of the above mentioned harmless with respect to such claims incurred while attending any band function. Any liability coverage desired must be furnished by the undersigned.

Tuition Binder Acknowledgement

- | | | |
|---|-----|----|
| 1. The information on these pages is current and correct to the best of my knowledge | YES | NO |
| 2. I give my child permission to be examined for medical issues for Band Camp | YES | NO |
| 3. If, in the judgment of a school representative, the named student needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary! | YES | NO |
| 4. I Agree to the Photography Authorization | YES | NO |
| 5. I understand the Tuition Binder! | YES | NO |

Parent/Guardian Name - PRINTED

SIGNED

Student Name - PRINTED

SIGNED