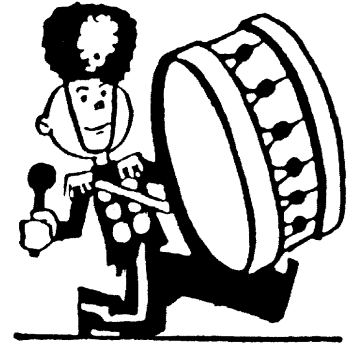


April 18, 2018



Dear LES Band Members and Parents:

We would like to invite you to attend *band camp* here at Luther. These are the dates and times:

Wednesday – Thursday July 18th- 19th 9:00 AM – 4:00 PM
Friday July 20th Valley Fair

It will be a great opportunity to get to know the high school students, and practice the song we will perform with the Marching Knights at a Luther High School “Halftime Show” during the fall football season. With concentrated times to learn music and marching, we will conclude the band camp with a performance at Valley Fair. These dates give everyone a chance to bond together in Christian unity and also as a musical unit, not just a group of musicians.

The fee for band camp will be **\$55.00**. That **includes** noon lunches, snacks, practice time, a recreational activity one of the afternoons, a day bus trip (including admission) to **Valley Fair on Friday, July 20th**, & a T-shirt.

The following is enclosed with this mailing:

2018 REGISTRATION FORM – Cost **\$55.00**
Band Camp Help Form
PERMISSION FORM/CODE OF CONDUCT
Medical Consent Form



Please look at each one carefully and return completed forms by May 18th.

Dan Larson
LES Band Director

LES BAND CAMP REGISTRATION FORM

(one per student)

July 18th thru July 20th, 2018

Please fill in and return with your check for **\$55.00** (made payable to Luther High School) **between now and May 18th**. If mailing, please address to:

**Luther High Band
1501 Wilson Street
Onalaska WI 54650**

Name: _____ Phone: _____

Parent's Name (s): _____

Parent E-Mail Address: _____

Will Attend _____ **T-Shirt Size** _____ **Unable to Attend** _____

(Please give date, time and reason if you need to miss part of the camp)

GRADE _____ **INSTRUMENT TYPE** _____



SUMMER COMMITMENT SCHEDULE

Please put an "X" in the blanks you **WILL NOT BE ABLE to attend.**

_____ Wednesday, July 18 th	9:00 AM – 4:00 PM (Band Camp)
_____ Thursday, July 19 th	9:00 AM – 4:00 PM (Band Camp)
_____ Friday, July 20 th	7:00 AM – 6:30 PM (Bus Trip to Valley Fair – Stop for supper at fast food)

PLEASE SPECIFY ANY SPECIAL TRAVEL NEEDS OR MEDICAL PROBLEMS BELOW:

+++++ PARENT HELP NEEDED +++++
Band Camp 2018

Student's Name(s) _____

Parent's Name _____ Phone: _____

Please check where you will be able to help

_____ Help with uniform fitting on **July 17th**, the **first day** of Band Camp.
(This is a daytime activity)

_____ Help with uniform alteration if necessary. *Anytime activity* **Tuesday–
Thursday** during band camp. *(Can be done at home or school)*

_____ Provide housing for students who may have difficulty commuting to and from camp.

_____ **SERVE ON FOOD COMMITTEE** to set up noon lunch menu, snacks for Tuesday, Wednesday & Thursday. Purchase food for meals. *(3 people needed)*

_____ **HELP PREPARE & SERVE NOON MEALS.** Please specify below which day(s) you are able to help. **(We need 4 volunteers in order to make things run smoothly)** *Time involved would be approximately 10:30-1:15 for preparation, serving & clean-up.*

Tuesday _____ Wednesday _____ Thursday _____

_____ Ideas for organizing the Valley Fair trip

ALL FOOD DONATIONS to be brought on *Tuesday AM* !

Please list what you will bring: (use throw away containers)

FRUIT – What type and how much? _____

VEGGIES – What type and how much? _____

BARS/COOKIES – what type and how much? _____

CHIPS – what kind and how much? _____

Pre-sweetened DRINK mix – how much? _____

VALLEY FAIR Student Permission Form

July 20, 2018

(Detach and Return with your Registration Form if going to Valley Fair)

Student Name (s) _____

I have read and understand that all the rules governing a field trip activity from Luther High School, along with the additional rules listed on the lower half of this form, will be in effect for this trip.

Student Signature(s) _____

Parent Signature _____

CHAPERONES FOR July 20th ALL-DAY TRIP

Chaperoning Parent Name(s) _____

_____ Check if you are medically trained and can go to Valley Fair.

CODE OF CONDUCT

We, as members of the marching band, are guests at Valley Fair Park, as well as performing ambassadors of Luther High School. Therefore, it is necessary to remind you, as well as your parents, of the regulations that will guarantee a safe and successful trip. Our primary guidelines are found in Scripture where we are told to “let your light shine before men, that they may see your good deeds and praise your Father in heaven”. (Matt. 5:16)

REGULATIONS

1. The school’s code of conduct for extracurricular activities is in effect during the entire trip. Any student who fails to adhere to this code of conduct, especially as it relates to the forbidden use of alcohol, tobacco, and other drugs or who flagrantly violates the regulations listed below will have his right to take part in the trip terminated.
2. No student will be permitted to go on the trip unless his parents have signed the above permission slip and it is on file in the school office, and have returned the medical release form to the director. Telephone permission will not be considered as a satisfactory means for the parent to give consent.
3. For reasons of safety and communication students are not to tour Valley Fair alone, nor are they to leave the park.
4. Out of consideration for the bus driver and other people on the bus, students are not to bring boom boxes on the trip. Personal stereo equipment with earphones is permissible. Students are responsible for cleaning up any mess or litter on the bus or wherever we go.
5. Bus assignments will be final. They are to be honored and followed. There is to be **NO BUS SWITCHING**.
6. Out of courtesy for others, Christian students will not “jump lines”, crowd, or otherwise inconvenience other guests of the park.

LUTHER HIGH SCHOOL – 2018-19 School Year
CONSENT FOR MEDICAL TREATMENT OF A MINOR

Last
First

In your absence, we need this completed consent form to obtain proper medical attention for your child, should it be needed.

Student Name _____ Grade _____ DOB: _____

I (We) authorize **any staff person or adult who represents Luther High School, Onalaska, Wisconsin**, to consent to any necessary examination, anesthetic, medical diagnosis surgery, or treatment and/or hospital care to be rendered to the above-named minor under the general and special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Wisconsin. ***This consent is valid for the FISCAL CALENDAR YEAR of July 1,2018 to June 30,2019 for all high school activities.***

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

(Date)

Home phone _____

Work phone _____
(Father)

Insurance ID Number _____

Home phone _____

Work phone _____
(Mother)

(Doctor's Name)

(Member's Name)

(Benefit Code)

(Account Number)

Medical History: Allergies, if any, including medication:

Chronic or existing diseases or medical problems: (e.g. diabetes, epilepsy): _____

Date of last tetanus injection: _____

Medicines your child is now taking: _____

Any other pertinent information: _____

**A copy of THIS FORM IS CARRIED by
STAFF and COACHES TO ALL EVENTS.**