

ARCADIA HIGH SCHOOL'S 50TH ANNUAL MUSIC CAMP

When: Sunday, August 26th through Friday, August 31st.
Where: Idyllwild Pines and Camp Maranatha; Idyllwild, California
How: Transportation by bus from Arcadia High School
Who: Every Arcadia High School Band and Color Guard member

At a large school such as AHS, every student needs to find their niche; a quality place to belong. The Music Program is just that place for over 900 students who blend with the total band, various levels of band, small sectionals, and other groups of friends. The dynamic beginning is Music Camp--the most valuable activity that a band member can choose. For real pride, we need to achieve the highest level of success possible; that depends on everyone reaching his or her greatest potential. It is essential to the individual members and the total band that all are at camp. This is the only time during the season intense sectional training is available from 25 top music instructors who work individually with each section. Music sessions are held from 8:00 to 11:45 a.m. and 1:00 to 2:30 p.m. along with 6:00-7:30 p.m. marching practice to complete the comprehensive daily training. Our own directors coordinate the program, hold combined sectionals, and total group drills. Without this intense training we could never be ready to compete—such training and more is required by all our competitors. If a student missed camp he/she would be at a tremendous personal disadvantage and place a burden on section leaders and others who would then have to work to bring them along. Camp is the perfect start to the school year—required skills, teambuilding, new and renewed friends.

Music Camp is intense musically, but not really camping. Indoor beds, hot showers, and hot meals are enjoyed at the 5,000 foot site in the San Jacinto Mountains overlooking Palm Springs. There are breaks and free time to swim, play basketball, ping pong, cards, or sit under a tree. Evening games and activities, planned by the students, get everyone acquainted and having a great time. All develop team skills essential in working in large groups. After being at camp for a few hours, you will have many new friends. By the time school starts, you belong. When you arrive for your first class at Arcadia High School, Marching Band, you will have 500 new friends to greet.

On Visitors' Day, Wednesday, August 29th, parents, alumni, and friends are encouraged to be a part of the experience. See the attached Visitors' Day schedule.

The total cost of instruction, transportation, lodging, and meals is \$300 per student—by far the least expensive camp of its type. This can be made in one payment or installments. If financial assistance is needed, contact the camp coordinator now. (See back)

Register today! Cabin assignments are made in the order of completed registration. We ask that you register by June 1st so the music directors can accurately plan the exact number of instructors needed and section leaders can plan their pre-camp activities. A packing list and more detailed directions will be mailed to registrants in mid-August. It will also be posted at www.arcadiamusic.org.

Registration and Payment Information

Cost: \$300

It is easiest if you pay in full when you register.

If you prefer, make two payments:

Deposit:	by June 1	\$150
Balance:	by August 1	\$150

(NOTE: NO notification will be sent reminding you of the second payment)

If you need to make monthly payments, have special payment dates, or need financial aid, contact the camp coordinator (see below).

You need to be there; we'll help make it possible.

Absolute Deadline: August 1st is the deadline for all forms and completed payments. After that, a \$25 late fee will be added. No registration will be accepted after August 18th.

To Register:

- Complete both 5 attached pages—registration, medical, cabin. (pages 3, 4, 5, 6, and 10)
- Mail with full payment or deposit to address below.
- Register now.
- If you want verification that payment and forms were received, enclosed a self-addressed, stamped envelope.

Cancellations:

Refunds, with written request from parents or guardians, will be honored until August 10th postmark. There is a \$25 expense charge on all cancellations. NO refunds will be made after August 10th.

Make checks to: Arcadia Music Club

Mail to:

Arcadia Music Club
% Mrs. Coyla Grumm
1760 Vista del Valle
Arcadia, CA 91006

www.ArcadiaMusic.org
information, section leaders, forms

Questions? Information?

Music Camp Coordinators
Mrs. Coyla Grumm
355-2078 coyla@grumm.com
or Miss Carolyn Grumm
644-5434 carolyngrumm@ausd.net

Return all completed forms with payment or deposit to: 2007 Arcadia Music Camp Mrs. Coyla Grumm 1760 Vista del Valle Dr. Arcadia, CA 91006-1663	Camp Coordinator's Use Only				
		Reg.	Release	Consent	Med.H
	Date				
	F.A.	Deposit	Balance	Meal	Bus
	Date				
	Ck.#				
	Amt.				

Arcadia Music Camp Registration Form

Please Print

STUDENT INFORMATION

Student's Last Name _____ ID# _____

First Name (English Name) _____ Legal First (if different) _____

Address _____ Apartment _____

City _____ Zip Code _____

Phone _____ Parents' E-mail _____

Date of Birth ___/___/___ Primary Home Language _____

() Male () Female

Grade 2007-2008 () Freshman () Sophomore () Junior () Senior

Have you attended AHS Music Camp before? () Yes () No

[] BAND: CHECK ONE--Primary Instrument

() Flute () Oboe () Bassoon () Clarinet () Bass Clarinet

() Alto Sax () Tenor Sax () Bari Sax () Trumpet () French Horn

() Trombone () Baritone horn () Tuba () Percussion

[] COLOR GUARD

PARENT/GUARDIAN INFORMATION

If not same as child's, give address/phone

Father: Name _____ Address _____

Employer _____

Work Phone _____ Home Phone _____

Cell or Pager _____

Mother: Name _____ Address _____

Employer _____

Work Phone _____ Home Phone _____

Cell or Pager _____

Who should be notified in case of emergency if parents cannot be reached?

Name _____ Phone _____

Address _____ City _____ Zip _____

Camper's Name _____

Arcadia Music Camp STATEMENT AND RELEASE FORM

I (We), the undersigned, parent(s)/guardian(s) of the above named camper, do hereby give our permission for him/her to attend and participate in the Arcadia Music Camp, August 26, 2007 through August 31, 2007, at Idyllwild Pines Camp and Conference Center and at Camp Maranatha in Idyllwild, California. I (We) release the Arcadia Unified School District, the Arcadia High School, the Arcadia Music Club, Inc., and their representatives of all liability in case of illness or accident to the above mentioned camper and will take full responsibility for his/her welfare should illness or accident occur.

I (We) am also aware that participants are to abide by all rules and regulations governing conduct during the trip. In the event my child violates Arcadia High School or Arcadia Music Camp rules, regulations, or procedures, he/she may be subject to dismissal prior to the camp's completion, at the parents' expense. In this event, I (we) agree to provide transportation home for my child immediately upon receiving notification. I (We) also agree to pay for any property damage caused by my child.

Parent(s) or Guardian(s) signature on this form gives Arcadia Music Club's camp personnel authorization to call any reference listed in case of emergency; and also authorizes their son/daughter to be transported by bus to and from camp(s) in order to participate in this year's Music Camp.

Date

Signature of Father/Guardian

Date

Signature of Mother/Guardian

I have read the above and I acknowledge and agree that I will be bound by and comply with Arcadia High School and Arcadia Music Camp's rules, regulations, procedures, and responsibilities during this year's Music Camp.

Date

Signature of Student

Camper's Name _____

CONFIDENTIAL

Arcadia Music Club

MEDICAL HISTORY FORM

PLEASE NOTE: No insurance is provided by the Arcadia Unified School District, The Arcadia High School Associated Student Body, or the Arcadia Music Club, Inc.

1. Does your child want only vegetarian meals? () Yes () No

2. Is your child currently or has he/she recently been treated for any illnesses or injuries?

() Yes () No If yes, please explain:

3. Is your child allergic or any medicines or anything such as, but not limited to, certain foods or food groups, insect bites, or specific pollens or plant types? () Yes () No

If yes, please explain: _____

4. Please give date of last Tetanus shot: _____(recommended as a precaution)

5. Has your child ever been treated for any of the following?

- | | | |
|-------------------|----------------------|---------------------|
| () Asthma | () Eating disorders | () Lung |
| () Back troubles | () Hearing | () Nosebleeds |
| () Depression | () Heart | () Seizures |
| () Diabetes | () Kidneys | () Other (specify) |

6. Is your child taking medication? () Yes () No If yes, please explain.

7. Is there any special medical or health problem(s) the camp health aide or treating doctor should know about? () Yes () No If yes, please explain. Attach page if needed.

8. I give permission for health aide/nurse to give over-the-counter medications such as but not limited to antacids, decongestants, pain relievers, etc. () Yes () No

Comments: _____

A nurse or health aide will be at camp. Be sure to update them in writing of any problems developing between now and the start of camp. She can be contacted through the camp coordinator, or for last minute situations, at check-in for departure.

Arcadia Music Club
Consent to Treat Form
(minor child)

I (We), the undersigned parent(s) / guardian(s) of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor, under the general or specific instructions of a licensed medical doctor or dentist, whether such diagnosis or treatment is rendered at the doctor's office or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given in order that said physician may have the opportunity to exercise his/her best judgment as to the action which may be necessary or required to protect the life and health of said minor child. I (We) have also read and have fully completed the attached Medical History Form.

It is also understood that any such accident or illness which requires any specific diagnosis and/or treatment will be reported to the parent(s) or legal guardian(s) as soon as possible.

_____	_____		
Date	Signature of Father/Guardian		
_____	_____		
Date	Signature of Mother/Guardian		
_____	_____	_____	
Date	Signature of Witness (over 18)	Phone #	
	_____	_____	_____
	Address of Witness	City	Zip

Medical Insurance (If nothing applies, please write "NONE")

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Group/Policy# _____ Certificate # _____

Family Physician _____ Phone _____

Note: The above **witness signature is mandatory**. (A witness is any adult, non-family member who is verifying that the signature is that of the named person.)

Visitors' Day

Wednesday, August 29th, 2007

Enjoy the afternoon and early evening at camp. Meet other parents, observe the program.

To make your plans, check the schedule below.

Students are NOT permitted to leave camp.

The Day's Schedule

Band Schedule and Color Guard Schedule

At Idyllwild Pines ~ resident camp of Band and Color Guard

- 8:00 - 11:45 ~ Sectionals
- 12:00 ~ * Bring a picnic, eat in town, or at Camp Maranatha
- 1:00 - 2:30 ~ Sectionals
- 2:30 - 5:00 ~ Free Time in Camp
- 4:30 - 5:30 ~ BBQ in Meadow – Visitors most welcome; make reservation
- 6:00 - 7:30 ~ Marching Practice -- Visitors encouraged to attend

*Due to the large number of students, there is not room in the dining hall for visitors. If you are in camp early, bring a picnic lunch, enjoy one of the many restaurants in town, or lunch at Camp Maranatha.

Orchestra Schedule

At Camp Maranatha ~ resident camp of Orchestra

- 8:00 - 11:45 ~ Sectionals
- 12:00 ~ Lunch – Visitors welcome to make reservations
- 1:00 - 2:30 ~ Full Rehearsal -- Visitors encouraged to attend
- 2:30 - 5:00 ~ Free Time in Camp
- 4:30 - 5:30 ~ BBQ in Meadow at Idyllwild Pines – Visitors welcome; reservations
- 6:00 - 7:30 ~ Group Activity

Visitors' Day Meal Registration

To make reservations for lunch at Camp Maranatha or dinner at Idyllwild Pines, please complete form on back of this page.

Arcadia Music Camp
VISITORS' DAY MEAL REGISTRATION
Wednesday, August 29, 2007

Lunch at Camp Maranatha, resident camp of Orchestra and Color Guard is served at 12 noon. Cost per visitor \$5.

Dinner at Idyllwild Pines is a Barbecue in the Meadow for all students and guests – Orchestra, Guard and Band.

Dinner is served between 4:30 and 5:30. Cost per visitor \$7.

Reservations must be made no later than August 10th.

Visitor Meal Reservations for Wednesday, August 29th

Lunch Reservations – served at Camp Maranatha

_____ (how many) at \$5 each for a total of \$_____

Dinner Reservations – served at Idyllwild Pines

_____ (how many) at \$7 each for a total of \$_____

Take the Bus to Visitors' Day

A charter bus will leave AHS at 11:00 a.m. on Wednesday, August 29th; it will leave camp at 7:30 p.m. returning to Arcadia approximately 9:30 p.m.

Bus Reservations ____ (how many) at \$40 each for a total of \$_____

Please enclose payment with reservation. Total payment \$_____

Payment may be made in a separate check or included with camp payment.

Please make checks to Arcadia Music Club.

(Mail to: Coyla Grumm, 1760 Vista del Valle, Arcadia, CA 91006)

Meal and Bus Visitors

If you are not the parent/guardian of a student, please provide us with your contact information.

Your Name _____

Address _____

Phone _____

E-mail _____

or

Student's Name _____

Mail by 8/10: Coyla Grumm, 1760 Vista del Valle, Arcadia, 91006

Parent Involvement

is an essential aspect of a successful program.

When parents participate, all benefit.

Do yourself, your child, and the music program a favor--get involved.

Music Camp needs Chaperones and a Nurse

who accompany the students August 26th through August 31st.

Since the program is so large, over 500 students expected, we use two campuses.

We need chaperones and a nurse/health aide at both sites.

There is no cost for chaperones.

Most of our previous chaperones have "graduated" with their students.

There is a real need for new chaperones.

It is a large camp, over 60 acres. Chaperones do not share rooms with their own child. Your child will have ample independence, but know you care enough to be there helping.

For additional information call:

Mike Green, Chaperone Chairman 355-4551

or

Coyla Grumm, Camp Coordinator 355-2078

Other needs: help loading / unloading luggage; drive luggage truck

Sunday, August 26th and Friday, August 31st

_____ Please contact me regarding chaperoning or being a nurse.

_____ I can drive an equipment truck Sunday or Friday.

_____ I will help load instruments and luggage for Departure, Sunday,
August 26th between 7 a.m. and 10 a.m.

_____ I will help unload instruments and luggage at return, Friday,
August 31st from 2:30 to 3:30 p.m.

Parent's Name _____ Phone # _____
e-mail _____

Student's Name _____

THANK YOU!

Arcadia Music Camp
Cabin Mate Selection

This form is designed to give students the opportunity to identify those with whom they wish to share a cabin at Music Camp. We will make every effort to accommodate the requests, but we need to follow certain criteria for organizing the cabins.

All cabins must be balanced in:

- Total number
- Number of freshmen, sophomore, junior, and senior students.
- Number of new and experienced campers.

For these reasons, we cannot guarantee cabin mate preferences and we will not change any cabin assignments. If you have no preferences, you do not need to return this form.

Requests are addressed in the order in which they are received with completed registration forms and total or first payment. Assignments will be posted the day of departure.

C O N F I D E N T I A L

Camper's Name _____ Male Female
ID # (same at middle & high school) _____
(Needed due to duplicate names) 9 10 11 12
Grade in September 2007

Cabin Mate Preferences: _____ Grade in September 2007

1. _____ 9 10 11 12

2. _____ 9 10 11 12

3. _____ 9 10 11 12

(If you know someone on your list has the same name as another student and can provide their ID #, that would be very helpful.)