

## ARCADIA HIGH SCHOOL'S 52<sup>nd</sup> ANNUAL MUSIC CAMP

When: Sunday, August 23<sup>rd</sup> through Friday, August 28<sup>th</sup>.  
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 and drill 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 friendships.

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 600 new friends to greet.

On Visitors' Day, Wednesday, August 26<sup>th</sup>, 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 \$340 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 1<sup>st</sup> 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](http://www.arcadiamusic.org).

## Registration and Payment Information

Cost: \$340

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

If you prefer, make two payments:

Deposit:	by June 1	\$170
Balance:	by August 1	\$170

(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 1<sup>st</sup> 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 15<sup>th</sup>.

**To Register:**

- Complete 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 10<sup>th</sup> postmark. There is a \$25 expense charge on all cancellations. NO refunds will be made after August 10<sup>th</sup>.

**Make checks to: Arcadia Music Club**

**Mail to:**

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

[www.ArcadiaMusic.org](http://www.ArcadiaMusic.org)

information, section leaders, forms

**Questions? Information?**

Music Camp Coordinators  
Mrs. Coyla Grumm  
355-2078 [coyla@grumm.com](mailto:coyla@grumm.com)  
or Miss Carolyn Grumm  
644-5434 [carolyngrumm@ausd.net](mailto:carolyngrumm@ausd.net)

Return all completed forms with payment or deposit to:  2009 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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Parent E-mail \_\_\_\_\_ Student E-mail \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Primary Home Language \_\_\_\_\_

( ) Male ( ) Female

Grade 2009-2010 ( ) 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**

Mother: Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Father: Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

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 23, 2009 through August 28, 2009, 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 26<sup>th</sup>, 2009**

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 camps.

## The Day's Schedule

Camp Maranatha ~ resident camp of Orchestra  
At Idyllwild Pines ~ resident camp of Band and Color Guard

8:00 -11:45 ~ Sectionals  
12:00 ~ Lunch for campers. \*  
1:00 – 2:30 ~ Band Sectionals; Guard Rehearsal; Orchestra Ensembles  
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 ~ Band/Guard Marching Practice. Visitors encouraged to attend.

\*Due to space restrictions, lunch is not available for visitors.

## **Visitors' Day Dinner Registration**

Dinner at Idyllwild Pines for all groups and guests is a  
Barbecue in the Meadow served between 4:30 and 5:30. Cost per visitor is \$9.

You may want to bring a blanket or folding chair to sit on.

Dinner reservations are needed no later than August 10<sup>th</sup>.

Please fill out form on next page.

Reservations may be made at time of camp registration (payment can be on one check) or  
anytime before August 15<sup>th</sup>. Payment is needed with reservation.

## **Relax. Take the bus to Visitors' Day**

A charter bus will leave AHS at 11:00 a.m. on Wednesday, August 26th.  
It will leave camp at 7:30 p.m. returning to Arcadia at approximately 9:30 p.m.

Arcadia Music Camp  
**VISITORS' DAY REGISTRATION**  
Wednesday, August 26, 2009

**Visitor Dinner Reservations**

Dinner Reservations – served at Idyllwild Pines

\_\_\_\_\_ (how many) at \$9 each for a total of \$\_\_\_\_\_

Contact information for visitors:

Name of diners in your group: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Student you are visiting: \_\_\_\_\_

**Take the Bus to Visitors' Day**

A charter bus will leave AHS at 11:00 a.m. on Wednesday, August 26<sup>th</sup>.

It will leave camp at 7:30 p.m. returning to Arcadia at approximately 9:30 p.m.

Bus Reservations \_\_\_\_ (how many) at \$45 each for a total of \$\_\_\_\_\_

Contact information for bus riders:

Name of one rider: \_\_\_\_\_

\*Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Other rider names: \_\_\_\_\_

Student you are visiting: \_\_\_\_\_

\_\_\_\_\_

Total payment \$\_\_\_\_\_

\*Best if it is a cell number of phone you would have that day.

Please enclose payment with reservations.

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

Make checks to: Arcadia Music Club.

Mail by August 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 23rd through August 28th.

Since the program is so large, over 600 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:

Lynne Greenup, Chaperone Chair 626-574-7266

LNGreenup@yahoo.com

or

Coyla Grumm, Camp Coordinator 626-355-2078

coyla@grumm.com

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

Sunday, August 23<sup>rd</sup> and Friday, August 28<sup>th</sup>

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\_\_\_\_\_ 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 23<sup>rd</sup> between 7 a.m. and 10 a.m.

\_\_\_\_\_ I will help unload instruments and luggage at return, Friday,  
August 28<sup>th</sup> 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
- Guard and Band members

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 _____	<input type="checkbox"/> Band <input type="checkbox"/> Guard <input type="checkbox"/> Orchestra
ID # (same at middle & high school) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
(Needed due to duplicate names)	Grade in September 2009
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Cabin Mate Preferences:	Grade in September 2009
1. _____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
2. _____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
3. _____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 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.)