

54th MUSIC CAMP ~ Arcadia High School Style

Band, Orchestra, and Color Guard bus to the mountains of Idyllwild on **Sunday, August 21st through Friday, August 26th**, 2011. This is after Apache Days (August 16th – 19th) and prior to the first day of class at AHS, the 29th.

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 together as a whole, with sectionals, and small groups of friends within. The dynamic beginning of the year is at Music Camp—our most valuable activity. It is essential for achieving our highest potential as individuals and as a group. This is the only time during the season intense sectional training is available from numerous top music instructors who work individually with small groups. Music sessions are held from 8:00 a.m. to 11:45 a.m. and 1:00 p.m. to 2:30 p.m. along with early evening drills and activities to complete the comprehensive daily training. Our own directors coordinate the program, hold combined sectionals, and total group drills. From 8:00 to 9:30 p.m. the student leadership has planned activities to help all get better acquainted while having a great time. Without this intense training, band/guard would not be able to compete. Since over 90% of those members attend, any student who missed camp would be at a tremendous personal disadvantage and place a burden on others who would need to bring them along. Orchestra season peaks later in the year, but leadership and music skills developed at Camp start the school year at a high level with growth expanding from there. With concentrated music skills, team-building, new and renewed friends, Music Camp is not to be missed by anyone registered for an AHS music class.

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. All are involved in evening games and activities planned by the students to get everyone acquainted and having a great time. Team skills are developed--essential for working in groups throughout life. After being at camp for a few hours, you will have many new friends. By the time school starts, you are not a stranger. When you arrive for your first class at Arcadia High School, you will have 600 new friends to greet.

On Visitors' Day, Wednesday, August 24th, 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 \$350 per student—a real bargain compared to any other such camp. This can be made in one payment or installments. If financial assistance is needed, contact the camp coordinator now.

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 plan the exact number of instructors needed and section leaders can plan their pre-camp activities. Around August 1st, a packing list and more detailed directions will be posted at www.arcadiamusic.org. These will no longer be mailed to homes. Also, check the website for any loading/unloading directions that might change due to construction.

Registration and Payment Information

Cost: \$350

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

If you prefer, make two payments:

Deposit: by June 1 \$175

Balance: by August 1 \$175

(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 NOW (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 14th.

To Register:

- Complete pages 3, 4, 5, and 6, plus cabin mate, p.10 if desired.
- Mail with full payment or deposit to address below.
- Orchestra and Band/Guard forms go to different addresses.
Using correct address facilitates timely processing.
- Register now.
- If you want verification that payment and forms were received, enclose a self-addressed stamped envelope.

Frequently we will post/update ID#s of registered campers on the website.

Check the website for registration confirmation (payment info not posted).

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

USE CORRECT ADDRESS FOR YOUR GROUP

Orchestra Mail to:

Mr. Doug Failing
72 W. Winnie Way
Arcadia, CA 91007

Questions: 574-1135 dougfailing@hotmail.com

Band / Guard Mail to:

Mrs. Coyla Grumm
1760 Vista del Valle
Arcadia CA 91006

Questions: Mrs. Coyla Grumm
355-2078 cgrumm@ausd.net

Or

Mrs. Betsy Burcham 445-8582
dbur12345@aol.com

Return **Orchestra** Forms to:

Mr. Doug Failing
72 W. Winnie Way
Arcadia CA 91007

Return **Guard / Band** Forms to:

Mrs. Coyla Grumm
1760 Vista del Valle
Arcadia CA 91006

Camp Coordinator's Use Only				
	Reg.	Release	Consent	Med.H
F.A.	Deposit	Balance	Meal	Bus
Date				
Ck.#				
Amt.				

ARCADIA MUSIC CAMP REGISTRATION FORM

Please Print Legibly

STUDENT INFORMATION

Student's Last Name _____ ID# _____

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

Address _____ Apartment _____

City _____ Zip Code _____

Home Phone _____ Student Cell _____

Parent E-mail _____ Student E-mail _____

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

Grade 2011-2012 () Freshman () Sophomore () Junior () Senior

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

CHECK ONE:

BAND

COLOR GUARD () () Flute () Bass Clarinet () Trumpet () Tuba

ORCHESTRA: () Oboe () Alto Sax () French Horn () Percussion

() Violin () Viola () Bassoon () Tenor Sax () Trombone

() String Bass () Cello () Clarinet () Bari Sax () Bari Horn

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 21, 2011 through August 26, 2011, at Camp Maranatha and Idyllwild Pines Camp and Conference Center 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 24th, 2011

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

Idyllwild Pines ~ resident camp of Band and Color Guard

8:00 -11:45 ~ Sectionals

12:00 ~ Lunch for campers. Due to space restrictions, no visitor lunch.

1:00 – 2:30 ~ Orchestra Ensembles; Band Sectionals; Guard Rehearsal

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 ~ Orchestra Activity; Band/Guard Marching Practice. Visitors welcome

Highlights: 1:00-2:30 Orchestra Ensembles

Band/Guard: 1:00-2:30 Sectionals 6:00-7:30 Marching Practice

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 14th.

Please fill out form on next page.

Include reservations with camp registration (payment can be on one check) or anytime before
August 14th. Payment needed with reservation. Checks to Arcadia Music Club.

Relax. Take the bus to Visitors' Day

A charter bus will leave AHS at 11:00 a.m. on Wednesday, August 24th.
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 24, 2011

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 24th.
It will leave camp at 7:30 p.m. returning to Arcadia approximately 9:30 p.m.

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

Be sure to make dinner reservations also.

Contact information for bus riders:

Name of one rider: _____

Cell Phone: _____ e-mail _____

Other rider names: _____

Student you are visiting: _____

Total payment \$_____

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 14th to Doug Failing, 72 W. Winnie Way, Arcadia CA 91007

or to Coyla Grumm 1760 Vista del Valle, Arcadia CA 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 21st through August 26th.

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. 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:

Orchestra: Doug Failing, Camp Coordinator 574-1135

Or

Band/Guard: Lynne Greenup Chaperone Chair 626-574-7266

LNGreenup@yahoo.com

Coyla Grumm, Band/Guard Camp Coordinator 355-2078

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

Sunday, August 21st and Friday, August 26th

_____ 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 21st between 7 a.m. and 10 a.m.

_____ I will help unload instruments and luggage at return, Friday,
August 26th 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

Band Guard Orchestra

Camper's Name _____

ID # (same at middle & high school) _____

(Needed due to duplicate names)

Male Female

Grade in August 2011

9 10 11 12

Cabin Mate Preferences:

Grade in August 2011

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.)