

Marching Redhawks Band Camp

Who: The 2007 Marching Redhawks
When: August 11 - 18, 2007
Where: YMCA Camp Duncan
32405 North Highway 12
Ingleside, Illinois 60041
(On Route 12 just north of Route 120, 90-minute drive from Naperville)

Band Camp at Camp Duncan provides a wonderful opportunity for the Marching Redhawks to not only have lots of practice time on and off the field, but to live together as a group, making new friends, bonding with old friends and sharing experiences. Days are spent learning the drill for the show, practicing the music in sectionals and full ensemble and marching, marching and more marching. There is also a little time set aside for swimming, boating, team building activities, campfires, and relaxing.

The students are housed in cabins that sleep 15-18 campers. The girls' cabins have attached bathrooms; the boys walk to the showers/restrooms a short distance from their cabins. Meals and snacks are served in the air-conditioned Lodge. There is a nurse's station, staffed by the chaperones, and the nearest emergency room is just a short drive.

Cost: \$310.00 per student (due August 1, 2007)
By check only please: **NCHS Bands**

More info: www.ymcacampduncan.org
www.nchsbands.info - Check out the camp section of the picture gallery!

Important Dates

August 1	All camp payments and paperwork (permission slip and medical release/information) are due! (Forms available online)
August 6-10	Marching Redhawks Pre-Camp
August 8	Chaperone Meeting, 7:00 p.m. - Teacher's lounge
August 11-18	Band Camp at Camp Duncan!
August 19	Marching Redhawks Family Picnic, 2:00 p.m. Marching Redhawks Showcase, approximately 4:00 p.m.

NCHS
2007-08 Marching Redhawks

Band Camp Forms

The Permission Slip, Medical Release, and Medical Information Forms must be completed and turned in to the Band Office by August 1, 2007 along with the full band camp payment of **\$310.00**

You may also mail your completed checks and forms to:

Mary Kay Gleason
1115 Sara Lane
Naperville, Illinois 60565

Your promptness and cooperation are greatly appreciated!

NCHS Band Camp 2007-08

Permission Slip:

As a parent or guardian of _____, I give my permission for him/her to travel with the NAPERVILLE CENTRAL MARCHING BAND from Saturday, August 11, 2007 through Saturday, August 18, 2007.

This trip is sponsored by NAPERVILLE CENTRAL HIGH SCHOOL BAND.

Students will adhere to all rules, policies, and the dress code of Naperville Central High School as outlined in the NCHS Red Book. Any student who is found in violation of these outlined rules or who enters a cabin of the opposite gender will be immediately sent home at the expense of his/her family.

I am fully aware of the rules and regulations of the organization. The student for which I am responsible has been impressed with the importance of them.

Signature of parent or guardian

Date

STAPLE YOUR CHECK HERE

Please Make Checks Payable to: **NCHS Band**

For office use only:

Check # _____

Amt. Paid: _____

Date: _____

NCHS Band Camp 2007-08

Medical Release Form:

As a parent or guardian of _____, I authorize treatment of the above-mentioned student by a qualified physician or nurse in the event the student would require medical treatment. I understand that should a serious or life threatening medical emergency arise, initial treatment of the student may be rendered by an individual, trained in first aid, if in the opinion of that individual, delay might endanger his/her life, causing disfigurement or undue discomfort.

On the Medical Information Form, I have listed any allergies, ongoing medical treatment or medical problems which might influence treatment of the student. I will be responsible for charges incurred for the student's treatment. This permission is granted with the understanding that except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Signature of parent or guardian

Date

Emergency phone number w/area code

Alternate phone number w/area code

Please complete the important medical information form on the back!

Medical Information

Student's Name _____ Birth Date _____

Parent's Home Phone _____

Parents:

Father's Name _____ Mother's Name _____

Work Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Name of other adults to contact in case of emergency if parents cannot be reached:

Name _____ Name _____

Home Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Allergies: Please list any drug, food or other allergies we should be aware of.

History of Treatments : Please describe medical attention given to the member during the past two years, and describe the illness, treatment or injury.

Medications:

Are you currently taking any prescription medications on a regular basis? _____ Yes _____ No. If yes, answer the following:

Medications: _____

Dosage: _____

When Taken: _____

For: _____

Date of last tetanus shot: _____

Do you wear glasses? _____ Yes _____ No Contacts? _____ Yes _____ No