

**ALL FORMS TO BE SIGNED ARE DUE THURSDAY, JULY 21, 2016 BY 7:00 PM!!!**



## **BAND CAMP PACKET 2016**

**ALL FORMS MUST BE TURNED IN ALONG  
WITH PAYMENT OF \$150 TO ATTEND CAMP**

**Thursday, July 21, 2016 by 7:00 PM**

**Nick Wiebers, Band Director  
nicholas\_wiebers@gwinnett.k12.ga.us  
770-530-0890 Cell**

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## **What you need to bring to Band Camp 2016**

All students need to wear the following items at camp:

- T-shirts
- Shorts - NO LONG PANTS OR JEANS
- Socks
- Tennis shoes for the field - NO OPEN HOLE SHOES
- Hat - if desired
- Sunscreen**
- Sunglasses
- No exposure of any parts of your body that should be covered will be allowed according to school rules and proper dress code. This is a school function and school rules apply at all times. – **No spaghetti strap shirts or tops please**

All students must bring the following items to participate daily:

- WATER BOTTLE
- Your instrument and accessories
- Woodwinds need at least 3 good working reeds each along with all proper accessories
- Brass need oil and mouthpiece – any other accessories you may use as well.
- ALL your music – this will be handed out day one of camp
- Music flip folder
- Music lyre to hold your flip folder on your instrument
- Pencil

All students may bring and use the following items:

- Bug Spray – for field use if desired
- Sport accessories for break such as: football, tennis ball, or soccer ball
- Cell phone/iPod Chargers

### **Electronics:**

Devices such as cell phones, iPods, Tablets, game consoles, laptops, portable game devices, portable CD, MP3, Tape, DVD, and other such media playing devices are all prohibited during rehearsals and group functions such as band camp. These items are allowed to students only on break, but should be left at home as they will NOT be the responsibility of Discovery High School, Band Boosters, or Mr. Wiebers and staff members to watch and care for such items. Please remember cell phone chargers if needed.

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## **2016 DISCOVERY TITAN REGIMENT BAND CAMPS SCHEDULE**

### **ROOKIE CAMP**

**Thursday to Friday, June 2-3, 2016**

9:00 AM to 4:00 PM

Discovery HS Band Room  
Auxiliary Athletic Field

**\$5 EACH DAY for lunch or bring your own lunch from home.**

Rookie Camp is for ALL members of the Marching Titan Regiment. This camp is designed to teach our students how to march like Titans! These few days will be filled with fun and friendship as we are all introduced to Discovery High School. We will explore our new school facilities and meet our great new staff. We will be inside the band room or Aux Gym most of the time during this event, but will be outside for 1-2 hours each day as well.

### **Daily Schedule Overview for Rookie Camp:**

#### **EAT BEFORE YOU COME TO THE SCHOOL!**

8:30 AM All students should arrive at Discovery High School Band Room  
Please, DON'T BE LATE!

Please enter from the back student lot behind the school. There is a parent drop off area and plenty of parking with easy access to the band room. Students will be picked up here after camps are over as well.

9:00 AM CALL TIME

9:15 AM Begin introductions, Stretch, and Marching FUNdamentals

9:45 Sectionals

10:30 Full band FUNdamentals

12:00 PM Lunch

12:45 Music Rehearsals and Instrument Assignments

3:00 Marching Block Review

4:00 Dismissed

Breaks will be given as needed depending on temperature and duration of lessons each day

**Uniform fittings and shoe orders will also be placed this week of camp.**

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## **BAND CAMP – WEEK 1**

### **Monday, July 25, 2016**

EAT BREAKFAST BEFORE YOU COME TO THE SCHOOL!

8:30	AM	All students and Chaperones arrive at DHS for check-in	BAND ROOM
9:00	AM	Morning Stretch and Fundamentals	FIELD
9:30	AM	Morning Drill Assignments and Rehearsal	FIELD
11:45	AM	Line-up march to lunch	
12:00	PM	Lunch	BMS Cafeteria
12:45	PM	Sectionals	TBA
2:30	PM	Full Band Rehearsal inside	Band Room
4:00	PM	Afternoon Break and Events - MOVIE	Band Room
5:30	PM	Dinner	BMS Cafeteria
6:15	PM	Outside Drill Rehearsal and Assignments	FIELD
8:30	PM	Conclude Practice – return equipment and instruments	
8:45	PM	GO HOME!	

### **Tuesday, July 26, 2016**

EAT BREAKFAST BEFORE YOU COME TO THE SCHOOL!

8:30	AM	All students and Chaperones arrive at DHS for check-in	BAND ROOM
9:00	AM	Morning Stretch and Fundamentals	FIELD
9:30	AM	Morning Drill Assignments and Rehearsal	FIELD
11:45	AM	Line-up march to lunch	
12:00	PM	Lunch	BMS Cafeteria
12:45	PM	Sectionals	TBA
2:30	PM	Full Band Rehearsal inside	Band Room
4:00	PM	Afternoon Break and Events- TALENT SHOW	Band Room
5:30	PM	Dinner	BMS Cafeteria
6:15	PM	Outside Drill Rehearsal and Assignments	FIELD
8:30	PM	Conclude Practice – return equipment and instruments	
8:45	PM	GO HOME!	

### **Wednesday, July 27, 2016**

EAT BREAKFAST BEFORE YOU COME TO THE SCHOOL!

8:30	AM	All students and Chaperones arrive at DHS for check-in	BAND ROOM
9:00	AM	Morning Stretch and Fundamentals	FIELD
9:30	AM	Morning Drill Assignments and Rehearsal	FIELD
11:45	AM	Line-up march to lunch	
12:00	PM	Lunch	BMS Cafeteria
12:45	PM	Sectionals	TBA
2:30	PM	Full Band Rehearsal inside	Band Room
4:00	PM	Afternoon Break and Events – SECTIONAL OLYMPICS	Band Room
5:30	PM	Dinner	BMS Cafeteria
6:15	PM	Outside Drill Rehearsal and Assignments	FIELD
8:30	PM	Conclude Practice – return equipment and instruments	
8:45	PM	GO HOME!	

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**Thursday, July 28, 2016**

EAT BREAKFAST BEFORE YOU COME TO THE SCHOOL!

8:30	AM	All students and Chaperones arrive at DHS for check-in	BAND ROOM
9:00	AM	Morning Stretch and Fundamentals	FIELD
9:30	AM	Morning Drill Assignments and Rehearsal	FIELD
11:45	AM	Line-up and march to lunch	
12:00	PM	Lunch	BMS Cafeteria
12:45	PM	Sectionals	TBA
2:30	PM	Full Band Rehearsal inside	Band Room
3:45	PM	Afternoon Break and Events – BAND DANCE	TBA
5:30	PM	Dinner	BMS Cafeteria
6:15	PM	Outside Drill Rehearsal and Assignments	FIELD
8:30	PM	Conclude Practice – return equipment and instruments	
8:45	PM	GO HOME!	

**Friday, July 29, 2016**

EAT BREAKFAST BEFORE YOU COME TO THE SCHOOL!

8:30	AM	All students and Chaperones arrive at DHS for check-in	BAND ROOM
9:00	AM	Morning Stretch and Fundamentals	FIELD
9:30	AM	Morning Drill Assignments and Rehearsal	FIELD
11:45	AM	Line-up march to lunch	
12:00	PM	Lunch	BMS Cafeteria
12:45	PM	Sectionals	TBA
2:30	PM	Full Band Rehearsal inside	Band Room
4:00	PM	Afternoon Break and Events – SECTIONAL OLYMPICS	Band Room
5:30	PM	Dinner	BMS Cafeteria
6:15	PM	Outside Drill Rehearsal and Assignments	FIELD
8:30	PM	Conclude Practice – return equipment and instruments	
8:45	PM	GO HOME!	



**ALL FORMS TO BE SIGNED ARE DUE THURSDAY, JULY 21, 2016 BY 7:00 PM!!!**  
**DISCOVERY HIGH SCHOOL BAND CAMP MEDICAL FORM**

\_\_\_\_\_  
**Student Name** Band Camps  
Activity

Discovery High School \_\_\_\_\_  
**Place** Mon July 25 – Thurs. Aug 4, 2016  
Date

\_\_\_\_\_  
**Parent(s)/Guardian(s)**

\_\_\_\_\_  
**Home #** **Mother's #** **Father's #**

Nicholas Wiebers, Band Director \_\_\_\_\_  
**Teacher in Charge** N/A  
**Type of Transportation**

**Does your child have any physical limitations, allergies, or known health problems?**  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify or explain: \_\_\_\_\_

**Is the student under any current medical care?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify or explain: \_\_\_\_\_

\_\_\_\_\_  
**Doctor's Name** Phone #

**Is the student on any medication?** Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify or explain: \_\_\_\_\_

**Is the student allergic to: Medication** \_\_\_\_\_ **Insect Stings** \_\_\_\_\_ **Other** \_\_\_\_\_  
Specify or explain: \_\_\_\_\_

\_\_\_\_\_  
**Name of Medical Insurance Company** **Policy/Group Number(s)**

***\*\*Please provide a copy of your current medical insurance card to the band director\*\****

I agree to assume responsibility for any unforeseen accident that might occur to my son/daughter during travel or participation in this activity. I also authorize any emergency medical treatment or First Aid, administered by a certified person, if it becomes necessary. I further recognize that my child is representing our school at all times while participating in this activity, and he/she is instructed to comply with regulations and rules of the school, teachers, staff, and chaperones who are in charge of the activity.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

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**DISCOVERY HIGH SCHOOL TITAN BAND  
FIELD TRIP PERMISSION FORM**

<u>Student Name</u>	<u>Band Camps</u>
<u>Discovery High School</u>	<u>Activity</u>
<u>Place</u>	<u>Mon July 25 – Thurs. Aug 4, 2016</u>
	<u>Date</u>

Parent(s)/Guardian(s)

<u>Home #</u>	<u>Mother's #</u>	<u>Father's #</u>
<u>Nicholas Wiebers, Band Director</u>	<u>Parent Provided</u>	
<u>Teacher in Charge</u>	<u>Type of Transportation</u>	

I agree to assume responsibility for any unforeseen accident that might occur to my son/daughter while traveling or participating in this activity. I also authorize any emergency medical treatment or First Aid, administered by certified person, if it becomes necessary. I further recognize that my child is representing our school at all times while participating in this activity, and he/she is instructed to comply with regulations and rules of the school and the teachers, staff, and chaperones who are in charge of the activity.

<u>Parent/Guardian Signature</u>	<u>Date</u>
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**Discovery High School Titan Band  
1335 Old Norcross Rd. Lawrenceville, GA 30046**

**CONSENT FOR MEDICAL TREATMENT**

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ST. GRADE LEVEL 2016-2017 \_\_\_\_\_ ST. BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

MOM CELL# \_\_\_\_\_ FATHER CELL # \_\_\_\_\_

HOME # \_\_\_\_\_ ALT. # \_\_\_\_\_

Please list two EMERGENCY contacts (other than parents):

NAME	RELATIONSHIP TO STUDENT	PHONE #
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1) \_\_\_\_\_

2) \_\_\_\_\_

**MEDICAL INFORMATION**

*All information provided is confidential and will only be seen by band director and chaperones who are directly responsible for any medical care needed in the event of an accident.*

ALLERGIES (Medical and Environmental) \_\_\_\_\_

CURRENT MEDICAL CONDITIONS \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

STUDENTS MEDICAL HISTORY (VITAL EVENTS ONLY) \_\_\_\_\_

DATES OF LAST TETNUS \_\_\_\_\_

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**INSURANCE INFORMATION** (Please attach a copy of the front and back of your insurance card)

CARRIER \_\_\_\_\_

POLICY/ID # \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

GROUP/PLAN# \_\_\_\_\_

INS CARRIER PHONE # \_\_\_\_\_

**IF NO INSURANCE, PLEASE COMPLETE THE FOLLOWING:**

For and in consideration of emergency services and goods rendered by or through the attending physician(s) the undersigned guarantees payment in full, immediately upon receipt of final billing.

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**MEDICAL RELEASE**

I, the undersigned, being the parent or legal guardian of

STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Hereby grant authorization to the Band Director, chaperones of Discovery High School Band Boosters Association, standing in loco parentis, to obtain emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room on behalf of the above named minor. I also give permission to administer over the counter medication if necessary.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

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**CONSENT, RELEASE AND WAIVER OF LIABILITY FORM**  
**PLEASE READ COMPETELY AND CAREFULLY BEFORE SIGNING**

I grant permission for my child or children (Please Print Clearly) \_\_\_\_\_ to participate in the Discovery High School Marching Band Camp (Band Camp) at Discovery High Schools in Lawrenceville, GA and other band activities, performances, programs, practices and contests throughout the school year.

**I understand that it is my responsibility to provide transportation of my child(ren) to and from Discovery High School in a timely manner.** I understand that in order to participate in Band Camp and other Discovery High School Band programs, activities, practices and contests, my child(ren) must abide by the rules and codes of conduct established by Discovery High School, Discovery High School Band Boosters (Band Boosters), the Band Camp staff and Band Booster chaperones. I understand that my child may be dismissed from Band Camp and/or the Discovery High School Band programs for violation of these rules and codes of conduct including, but not limited to, verbal and physical aggression against students, staff, chaperones or other persons, failure to follow safety or program instructions, possession of weapons, illegal drugs or alcohol, and any other disruptive behavior deemed inappropriate by the Discovery High School Administration. I understand and agree that my child's dismissal will be at the discretion of the Band Director and/or DHS Administrative Staff and no refunds will be provided.

I understand that participation in Band Camp and other Band related programs, performances activities, practices and contests involves marching and other physical, recreational or sports activities. I grant permission for my child(ren) to be involved in these activities and give permission for my child to be transported by school bus, charter bus or private vehicle as necessary with proper permission forms signed prior to the event(s).

If any illness, injury or accident occurs which, in the sole judgment of the Band Camp staff, band chaperones or Band Director, requires immediate medical attention, I give my consent to the Band Camp staff, Band Booster chaperones or Band Director to obtain such emergency treatment. I further consent to the signing of any releases by the Band Camp Staff, Band Booster chaperones or Band Director which may be required by the medical care provider. I understand that I will be notified as soon as possible in the event of an emergency medical situation.

I further understand and agree that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident is my responsibility only and not Discovery High School, the Discovery High School Band Boosters or its members individually, officers, agents, chaperones and volunteers as they are not obligated to pay for such medical care.

For the sole consideration of Discovery High School and the Discovery High School Band Boosters allowing my child(ren) to participate in Band Camp and other Band related programs, performances, activities, practices and contests, I hereby release and forever discharge Band Boosters, its members individually and officers, agents, chaperones and volunteers from any and all claims, demands, rights and causes of action of any kind I may have arising from or in any way related to any personal injury, bodily injury or property damage resulting from or in any way related to my child's participation in the Discovery High School Band programs including Band Camp and other related programs, performances, activities, practices or contests.

I further covenant and agree that for the consideration stated above, I will not sue Discovery High School Band Boosters, its members individually, its officers, agents, chaperones or volunteers for any claim arising from or in any way related to my child's voluntary participation in Band Camp, Discovery High School Band programs and other related programs, performances, activities, practices or contests.

I have reviewed this document and certify that I have read the above carefully before signing.

Dated \_\_\_\_\_

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Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

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**Alternative Transportation Liability Form**

Gwinnett County Public Schools and Discovery High School is not always able to provide transportation for students to off campus extracurricular school activities. In cases when transportation is not provided by Gwinnett County Public Schools and Discovery High School as in the use of a school bus or charter bus, it is the responsibility of the of the student's parents or guardian to secure their student's attendance at such activities. Gwinnett County Public Schools, its local schools, officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off campus activity when such transportation is provided by parents, students, school staff or any other party. Your signature acknowledges your receipt of and understanding of this policy.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Date of Activity

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date