Ypsilanti Community High School Marching Band

Student Packet B
Required Band Camp Forms

Complete & Return This Packet

YPSILANTI COMMUNITY HIGH SCHOOL MARCHING BAND Band Camp Transportation Form

Date: <u>August 7-12, 2023</u> Echo Grove Camp 1101 Camp Rd, Leonard, MI 48367

Deadline for Application and \$100 Deposit: June 1st, 2023 PLEASE PRINT CLEARLY

| TRANSPORTATION: | | If no, please | explain |
|---|---------------|--------------------|--------------------|
| My child will ride the bus to camp | YES NO | o | |
| My child will ride the bus back to YCHS from camp | YES NO | ວ | |
| My child will return to YCHS in a family vehicle | YES NO | כ | |
| (Campers can be released from camp after ALL GEA | AR is loaded | d in truck/bus) | |
| Student Name: | | | |
| My child may be released to the following adults (p | olease list y | ourself or any eme | ergency contacts): |
| Name: | relat | ionship | phone # |
| Name: | relat | ionship | phone # |
| Name: | relat | ionship | phone # |
| Name: | relat | ionship | phone # |
| If applicable, my child may NOT be released to the | following a | idults: | |
| Name: | relat | ionship | phone # |
| Name: | relat | ionship | phone # |

YPSILANTI COMMUNITY HIGH SCHOOL MARCHING BAND Band Camp Financial Plan

We require that families use ALL guild money that they have available, and then decide what is in your budget for camp and request scholarship money to supplement the remainder. Our goal is for every student to attend marching band camp regardless of the cost.

If you feel you need the full amount, please contact Mr. Genautis, complete this form, and turn it in ASAP. All guild money must be used in order to access scholarship money.

The current maximum amount for scholarship per student is \$150.00. Please request what you need with the understanding that the amount you ask for may be different from what you are awarded due to availability of funds. Be assured that we will do the best we can to help every student. The more involvement we have during fundraising throughout the year, the more the YCBA will be able to financially assist each student.

| | | CAMP COST | \$350.00 | |
|--|---|---|----------|--|
| The amount I am using from my Guild Ac | ccount | | | |
| I have applied for a Band Camp Scholarsh | nip in the amount of (f | ill out next page too) | | |
| The remainder I am paying (if scholarship | o request is accepted) | TOTAL DUE | = | |
| Below, indicate if you are paying the balance in full or making payments, and include the amount you will pay for each on the right side. If your remaining balance is less than the scheduled payment amount, indicate the amount you will be paying for that payment date. | | | | |
| I am paying the balance in full | June 1, 2023 | | | |
| OR: | | | | |
| 1st Payment 2nd Payment 3rd Payment | June 1, 2023 June 30, 2023 August 1, 2023 | \$100 \$100 (or remaining, if le \$150 (or remaining bala | | |
| BRING COMPLETED FORMS AND CHECK MADE PAYABLE TO "YCBA" TO THE BAND DIRECTOR OR PAY VIA PAYPAL AT YCHSBANDS@GMAIL.COM | | | | |
| For administrative use, do not fill out | | | | |
| Payment(s) Scholarship | Guild | Balance Due | | |

Ypsilanti Community High School Marching Band Camp Scholarship Request (OPTIONAL)

Student Information:

| Student Name: | | Student Grad | e in Fall: | |
|---|---|---|-------------------------|---|
| Address: | City:_ | | Zip: | |
| Home Phone: | | | | |
| Student Phone Number & Email: | | | | |
| Parent(s)/Guardian(s) Names: | | | | |
| Parent(s)/Guardian(s) Cell Phone & E-mail | : | | | |
| * Write a 1 to 1 ½ page essay * Must be typed, 12pt Times * Submit your essay to ychsba * Sign the statement agreeing | New Roman font, and d ands@gmail.com to participate in fundra | irn From Bai louble space iisers. | nd Camp" ed | |
| Ithe band to help earn funds towards | | | rs that are provided to |) |
| Student Signature | Dat | :e: | - | |
| Parent/Guardian Signature | Dai | te: | - | |
| Cost \$350.00 per student | Scholarship Maximum: \$1 | 150.00 | | |
| Scholarship amount requested: | | | | |
| Amount enclosed (able to pay now): | | - | | |
| Balance due (due no later than August 1, 2 | 2023): | | | |
| For administrative use, do not fill out | | | _ | |
| Amount Granted: Amount Paid: Amount Due: | Check # | | | |

YPSILANTI COMMUNITY HIGH SCHOOL MARCHING BAND AUTHORIZATION FORM

My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

All Health Forms in Packet C must be returned no later than June 30th. If there is an insurance date conflict, let the director know. If no health forms are turned in, the student will not be able to attend band camp.

All payments for camp are non-refundable.

In case of injury, the student's family or the emergency contact person will be called immediately for their decision on medical treatment.

If a student's family or emergency contact person are not available, YCHS Marching Band will use our best judgment as to what course of action to pursue and will continue to attempt contact. The YCHS Marching Band, the Ypsilanti Community Band Association (YCBA), and the Echo Grove Camp (ECG) will not be responsible for any costs incurred as a result of illness or injury. Families should notify camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in any way by the group leadership.

If my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time frame specified by the group leadership. No refunds will be granted in either of these situations.

I understand my child may be participating in camp activities such as boating, swimming, climbing wall, and zipline. I understand that there may be inherent risks in these activities and that YCHS/YCBA are not responsible in the event of any injuries.

I give my permission for my child to be photographed or videotaped and allow YCHS Marching Band/YCBA/EGC to release said pictures for publicity purposes.

I understand that in applying for membership in the Ypsilanti Community High School Marching Band, I agree to all rules and regulations as stated above and in the band camp guidelines. I will accept responsibility for maintaining good conduct and appearance, and will follow directions at all times.

| Student Signature | Date: |
|---------------------------|-------|
| | |
| Parent/Guardian Signature | Date: |

YPSILANTI COMMUNITY HIGH SCHOOL MARCHING BAND SUMMER BAND UNIFORMS ORDER FORM

| Student Name: | Student Grade in Fall: |
|--|------------------------|
| | |
| Student Phone Number & Email: | |
| Parent(s)/Guardian(s) Name: | |
| Parent(s)/Guardian(s) Phone Number & Email: | |
| A. Polo Shirt Size:XSSML (indicate quantity) | XL 2XL 3XL |
| B. Shorts Size:S M L XL (indicate quantity) | 2XL |
| Polo Shirt: \$32.00 each | |
| Size 2XL/3XL is an additional \$2 each | |
| Shorts: \$13.00 each | |
| Size 2XL is an additional \$2 each | |
| TOTAL cost for complete uniform: | |

Turn in this uniform order page and payment (check made out to YCBA) to Mr. Genautis.