

Camp Caroline 2020



Grade 7 Band Students

Feb. 12 - 14

Grade 8 Band Students

Feb. 26 -28

Revue Concert

Wed. March 4th @ 7

Information Forms will be sent home with the students the week of **Jan. 6-10**. These forms will also be available on the school's website. **Please complete and return these permission forms as soon as possible.**

The parent information evening will be **Thurs. Jan. 30, 2020 at 7 pm** in the Senator Riley band room.

We are still in need of **parent chaperones**. Parent Volunteer packages will need to be completed. *(available in the school office)*

Please contact Mr. Froese if you can help out ☺

froeseh@fsd38.ab.ca

Senator Riley Camp Caroline Band Camps

24 hr. phone 1.403.722.9906

Our goal is to immerse the students in a very concentrated learning environment. Each of the instructors and clinicians will challenge the students to improve their musicianship. It is remarkable to hear the improvement and musical growth during the camp.

We will showcase our learning at **the Revue Concert**

Wed. March 4th 2020 at 7 pm

(Senator Riley Gym)

Band fees must be paid in order for students to participate in this exciting opportunity. These fees cover the cost of renting the facilities, meals, instructors and transportation.

Included in this package are all permission forms, itinerary, packing list, etc.

On Wed. Jan. 30, 2020 @ 7 pm we will be hosting the required Parent Information Evening. This will be held in the SRMS Band Room.

If you have any questions, we will have the answers. You can also email me froeseh@fsd38.ab.ca

The information/permission slips need to be signed, and any unpaid band fees submitted by Wed. Jan. 30, 2020.

Please consider being a camp chaperone, we require 1 adult for every 10 students.

Thank you

Herb Froese

Senator Riley Band Director



Form 260-2

DIVISION INFORMED CONSENT/PERMISSION FORM (K-9)

SENATOR RILEY MIDDLE SCHOOL is arranging **BAND CAMP 2020**
(School Name)

FEB. 12-14, 2020
(Description of activity including dates (and times if applicable))

Transportation will be via **FSD SCHOOL BUSES.**

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF EVERY STUDENT WHO CHOOSES TO PARTICIPATE. THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BY JAN.30, 2020
(Date)

ELEMENTS OF RISK:

Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury or risks which may result from participating in **BAND CAMP**

- 1. VEHICLE ACCIDENT
 - 2. TRIPPING INJURY
 - 3. SPORTING INJURY
 - 4.
- (Describe activity)

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in the above referenced activity, you must understand that you bear the responsibility for any injury that may occur. Foothills School Division #38 has basic student accident insurance coverage in place as described more fully in the materials that were sent home at the commencement of the school year.

ACKNOWLEDGEMENT:

I HAVE READ THE ABOVE. I UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION:

I give _____ permission to participate in the _____
(Students Name) (Describe Activity)

to be held on or about _____
(Date)



Signature of Parent/Guardian: _____ Date: _____

**GRADE 7
CAMP CAROLINE ITINERARY
Feb. 12-14, 2020**

Wednesday Feb. 12

- 12:00 p.m. Meeting in gathering area
- 12:20 Load bus and depart for Camp Caroline
 - Scheduled restroom stop (Tim Hortons)
- 4:00 Arrive at Camp Caroline:
 - *unload all items*
 - Welcome, Introductions*
 - Briefing Info and Room Assignments*
 - Free Time
- 5:30 **Supper**
- 6:30 *Woodwinds – Rehearsal in Aspen lounge*
Brass - Rehearsal in Creekside lodge
Percussion - TBA
- 8:00 Gym/Pool/Games Room & organized Activities
- 9:30 **SNACK**
- 10:00 Prepare for bed
- 10:30 In rooms – lights out

Thurs. Feb. 13

- 6:30 a.m. Pool open (optional activity)
- 8:30 **Breakfast of champions**
- 9:30 – 10:20 CLINIC #1
- 10:30 – 11:20 CLINIC #2
- 11:30 – 12:30 CLINIC #3 (or Rehearsal)
- **12:30 – 1:00 Lunch**
- 1:00 – 3:00 Rehearsal

- 3:00 - 5:00 Free Time

- 5:30 **Supper**
- 6:30 Rehearsal
- 8:00 Talent Show (*come prepared to participate*)
- 9:30 **Snack**
- 10:00 Get ready for bed
- 10:30 Lights out

Fri. Feb.14

- 6:30 a.m. Pool open (optional)
- 8:30 **Breakfast**
- 9:00 **CLEAN ROOMS / PACK/ VACUUM**

- 10:00 Rehearsal

- 12:00 **Lunch**
- 1:00 p.m. Load buses
Departure
- 4:00 Arrive at Senator Riley School
Unload Buses and return equipment to
the band room

2020 Camp Caroline Packing list

- ✓ Instrument and Music
- ✓ Sleeping bag and pillow
- ✓ Towel
- ✓ Toothpaste/brush, soap, comb, shampoo
- ✓ Swim wear
- ✓ 2 days of clothing
- ✓ Slippers
- ✓ Indoor and outdoor footwear
- ✓ Winter hat and gloves etc.
- ✓ Optional: money for candy shop
 - Cell phone, I-pad

MEDICAL INFORMATION FORM – FIELD TRIPS
(for Overnight and Out of Province Trips)

Trip Information

Description of Activity: GR.7 BAND CAMP 2020

Activity Date: FEB.12-14

Student Information

Student Name:

Birthdate: / /
(YY) (MM) (DD)

Parent contact telephone #

(Home #)

(Work #)

Emergency contact #1

(Name)

(Home #)

(Work #)

Emergency contact #2

(Name)

(Home #)

(Work #)

Medical Information

Is your child presently under the care of a physician? If yes, please provide details.

Is your child currently taking any medications? If yes, please provide details.

Does your child have any known allergies? If yes, please provide details and required treatment.

Please list any dietary concerns or conditions that your child has.

Please list any other medical concerns that teachers should be aware of (eg bedwetting, sleepwalking, etc).

Please list any concerns or conditions not already identified that can influence your child's participation in this activity.

This is my/our permission for the teacher in charge, or their designate, to make arrangements for any necessary emergency medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or emergency contact as quickly as possible.

Date: _____ Signature of Parent/Guardian: _____



Form 260-7

INFORMED CONSENT/PERMISSION FORM FOR SWIMMING ACTIVITIES

DEFINITION:

In this form, the term "**Swimming Activities**" shall include all swimming areas, diving, water slides, hot tubs, saunas, steam rooms, and/or any other water related activities that may be accessed by the student while participating in an approved school activity or field trip on or about (date(s))_____. Supervision will be by persons who may not have valid Life Guard certification.

ASSUMPTION OF RISKS:

Participation in the Swimming Activities carries with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from:

- 1) Minor injuries such as scratches, bruises, and sprains
- 2) Major injuries such as burns, eye injury or loss of sight, joint or back injuries, heart attacks, and concussions
- 3) Catastrophic injuries such as paralysis, drowning and death.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in Swimming Activities, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate in the above referenced Swimming Activities, you must understand that you bear the responsibility for any injury that may occur. Foothills School Division #38 has basic student accident insurance coverage in place as described more fully in the materials that were sent home at the commencement of the school year.

ACKNOWLEDGEMENT:

I/We have read the previous paragraphs and we know, understand, and appreciate these and other risks that are inherent in the Swimming Activities. We hereby assert that our child's participation is voluntary and that we knowingly assume all such risks.

Signature of Parent/Guardian: _____ Date: _____

STUDENT SIGNATURE REQUIRED FOR GRADES 10, 11, AND 12 ONLY

Signature of Student: _____ Date: _____



DECLARATION OF SWIMMING ABILITIES AND MEDICAL CONDITIONS:

- 1) I/We hereby declare that our child has the following swimming abilities (eg. non-swimmer, beginner, capable swimmer, etc): _____
- 2) List most recent certification and level if applicable (eg. Red Cross Level 3) _____

- 3) Identify any medical conditions which could be compromised by pool use, or make pool use less safe for others (eg. infections, chlorine/chemical sensitivity, etc)

PERMISSION:

I/We give _____ permission to participate in the Swimming Activities
(Student's Name)
to be held on or about the following date(s) _____ in conjunction
with the _____
(Name of Field Trip)

Signature of Parent/Guardian: _____

Date: _____



Form 260-2

DIVISION INFORMED CONSENT/PERMISSION FORM (K-9)

SENATOR RILEY MIDDLE SCHOOL is arranging BAND CAMP 2020
(School Name)

FEB. 26-28, 2020
(Description of activity including dates (and times if applicable))

Transportation will be via FSD SCHOOL BUSES.

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF EVERY STUDENT WHO CHOOSES TO PARTICIPATE. THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BY JAN.30, 2020
(Date)

ELEMENTS OF RISK:

Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury or risks which may result from participating in BAND CAMP
(Describe activity)

- 1. VEHICLE ACCIDENT
- 2. TRIPPING INJURY
- 3. SPORTING INJURY
- 4.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in the above referenced activity, you must understand that you bear the responsibility for any injury that may occur. Foothills School Division #38 has basic student accident insurance coverage in place as described more fully in the materials that were sent home at the commencement of the school year.

ACKNOWLEDGEMENT:

I HAVE READ THE ABOVE. I UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION:

I give _____ permission to participate in the _____
(Students Name) (Describe Activity)

to be held on or about _____
(Date)



Signature of Parent/Guardian: _____ Date: _____

**GRADE 8
CAMP CAROLINE ITINERARY
Feb. 26-28, 2020**

Wednesday Feb. 26

- 12:00 pm Meeting in gathering area
- 12:20 pm Load bus and depart for Camp Caroline
Scheduled restroom stop (Tim Hortons)
- 4:00 pm Arrive at Camp Caroline:
unload all items
Welcome, Introductions
Briefing Info and Room Assignments
Free Time
- 5:30 **Supper**
- 6:30 *Woodwinds – Rehearsal in Aspen lounge*
Brass - Rehearsal in Creekside lodge
Percussion - TBA
- 8:00 Gym/Pool/Games Room & organized
Activities
- 9:30 **SNACK**
- 10:00 Prepare for bed
- 10:30 In rooms – lights out

Thurs. Feb. 27

- 6:30 a.m. Pool open (optional activity)
- 8:30 **Breakfast of champions**
- 9:30 – 10:20 **CLINIC #1**
- 10:30 – 11:20 **CLINIC #2**
- 11:30 – 12:30 **CLINIC #3 (or Rehearsal)**
- 12:30 – 1:00 **Lunch**
- 1:00 – 3:00 **Rehearsal**
- 3:00 - 5:00 **Free Time**
- 5:30 **Supper**
- 6:30 **Rehearsal**
- 8:00 **Talent Show (come prepared to participate)**
- 9:30 **Snack**
- 10:00 **Get ready for bed**
- 10:30 **In rooms - lights out**

Fri. Feb.28

- 6:30 a.m. Pool open (optional)
- 8:30 **Breakfast**
- 9:00 **CLEAN ROOMS / PACK/ VACUUM**

- 10:00 Rehearsal

- 12:00 **Lunch**
- 1:00 p.m. Load buses
Departure
- 4:00 Arrive at Senator Riley School
Unload Buses and return equipment to
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2020 Camp Caroline Packing list

- ✓ Instrument and Music
- ✓ Sleeping bag and pillow
- ✓ Towel
- ✓ Toothpaste/brush, soap, comb, shampoo
- ✓ Swim wear
- ✓ 2 days of clothing
- ✓ Slippers
- ✓ Indoor and outdoor footwear
- ✓ Winter hat and gloves etc.
- ✓ Optional: money for candy shop
 - Cell phone, I-pad

MEDICAL INFORMATION FORM – FIELD TRIPS
(for Overnight and Out of Province Trips)

Trip Information

Description of Activity: GR.8 BAND CAMP 2020

Activity Date: FEB.26-28

Student Information

Student Name:

Birthdate: / /
(YY) (MM) (DD)

Parent contact telephone #
(Home #)

(Work #)

Emergency contact #1
(Name)

(Home #)

(Work #)

Emergency contact #2
(Name)

(Home #)

(Work #)

Medical Information

Is your child presently under the care of a physician? If yes, please provide details.

Is your child currently taking any medications? If yes, please provide details.

Does your child have any known allergies? If yes, please provide details and required treatment.

Please list any dietary concerns or conditions that your child has.

Please list any other medical concerns that teachers should be aware of (eg bedwetting, sleepwalking, etc).

Please list any concerns or conditions not already identified that can influence your child's participation in this activity.

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- 3) Identify any medical conditions which could be compromised by pool use, or make pool use less safe for others (eg. infections, chlorine/chemical sensitivity, etc)

PERMISSION:

I/We give _____ permission to participate in the Swimming Activities
(Student's Name)
to be held on or about the following date(s) _____ in conjunction
with the _____
(Name of Field Trip)

Signature of Parent/Guardian: _____

Date: _____