

2023 Marching Band Information

Summer Marching Band Dates

July 17-21st Percussion Week 9am-noon

July 21st Squad and Section Leader Training 1-4pm

July 24-28th Summer Rehearsals 9am-noon

July 31-August 4 Summer Rehearsals 9am-noon

August 7-11th BAND CAMP 8am-3pm

This week is MANDATORY. Make every effort to be there all day. Please schedule appointments outside of the week.

August 15, 17 Summer Rehearsal 9-noon

August 16th- Optional Cedar Point Trip

We will rehearse at the High School. Students can enter through door #5.

Band Camp Week

Band camp will be the week of August 7-11th.

Daily Schedule

8am-noon Marching and Field Work

12:15pm Lunch provided by Boosters. Dietary concerns and allergies will be accommodated

1-3pm Sectionals

Afternoon Social Activities

Monday- 3-5pm Fun @GHS

Tuesday- 3-5pm Bus to North Canton Skate Park

Wednesday- 6-9pm Band Dance in Commons

Thursday- 3-5pm Freshmen/Sophomore Social
7-9pm Junior/Senior Social

Friday- 3-5pm Talent Show

Band Fees

\$75 Band Camp

\$25 Uniform Cleaning

\$40 Shorts and Shirt (Freshmen, new members or refit)

Total New Members/needng summer uniform \$140

Total Returning Members \$100

Please turn in fees by August 4. Make checks payable to Green Band Boosters

Optional Band Trip

\$35 Cedar Point forms due by July 26th

Upperclassmen

If you lost or outgrew your summer uniform you can purchase a new shirt and or shorts. Add the money to your band camp fee then ask the uniform committee for a new summer uniform.

Cedar Point

The Band will be traveling to Cedar Point on Wednesday, August 16th. We will be taking school buses. Doors will open at 7:30am. We will be leaving at 8am and return around 11pm

Our day will start with a performance in the park then students will have the day to enjoy the park

We will wear summer uniforms then students can change to other clothes.

Forms and payments are due July 26th

Marching Band Departure Time

DAY	DATE	EVENT - DESTINATION		Doors Open Buses Arrive	Departure	Event Begins	Event Ends
Tues	8/8/2023	North Canton Skate Park		2:30	2:45	3:00	5:00
Wed	8/16/2023	Cedar Point		7:30 AM	8:00 AM		11:00 PM
Fri.	8/18/2023	Green vs. Dover	Home	5:45pm	6:15pm	7:00pm	9:30pm
Fri.	8/25/2023	Green vs. South Range	Away	4:30 PM	5:00 PM	7:00pm	10:00 PM
Fri.	9/1/2023	Green vs. Tallmadge	Away	5:00pm	5:30pm	7:00pm	9:30pm
Fri.	9/8/2023	Green vs. Jackson	Away	5:15pm	5:45pm	7:00pm	9:30pm
Fri.	9/15/2023	Green vs. McKinley	Away	5:15pm	5:45pm	7:00pm	9:30pm
Sat	9/16/2023	Stow Band Show	Away	5:00 PM	5:30 PM	7:00 PM	10:00 PM
Fri.	9/22/2023	Green vs GlenOak	Home	5:45pm	6:15pm	7:00pm	9:30pm
Fri.	9/29/2023	Green vs. Louisville Homecoming	Home	5:45pm	6:15pm	7:00pm	9:30pm
Fri.	10/6/2023	Green vs. Perry	Away	5:15pm	5:45pm	7:00pm	9:30pm
Fri.	10/13/2023	Green vs. Hoover Senior Night	Home	5:45pm	6:15pm	7:00pm	9:30pm
Fri.	10/20/2023	Green vs. Lake	Home	5:45pm	6:15pm	7:00pm	9:30pm

After School Rehearsals

Once school starts we will have rehearsals Tuesday, Wednesday and Thursday from 2:45-4pm. If you need to miss a rehearsal make sure you fill out an excused absence form (found in the band room) prior to the rehearsal.

Join the Band Remind App

Text 81010

Seniors: @ghsmb24

Juniors: @ghsmb25

Sophomores: @ghsmb26

Freshmen: @ghsmb2027

We use this app throughout the summer as well as during marching band and during the school year.

Concert Season Dates

Sat. November 4th: Band Craft Show
 Sat. December 9th: Holiday Band Concert
 Sat. February 10th Solo and Ensemble
 Tues. March 5th High School Band Concert
 Sat. March 9th Large Group Adjudicated Event
 Thurs. May 9th GHS Band Concert

Questions or concerns

Amy Rach

rachamy@greenlocalschools.org

Steve Lockstedt

Lockstedtsteve@greenlocalschools.org

Matt Murphy

Murphy.matthew@greenlocalschools.org

Band Camp Schedule 2023

7-Aug Monday	8-Aug Tuesday	9-Aug Wednesday	10-Aug Thursday	11-Aug Friday
8:00 Outside Fieldwork	8:00 Outside Fieldwork	8:00 Outside Fieldwork	8:00 Outside Fieldwork	8:00 Outside Fieldwork
8:30	8:30	8:30	8:30	8:30
9:00	9:00	9:00	9:00	9:00
9:30	9:30	9:30	9:30	9:30
10:00	10:00	10:00	10:00	10:00
10:30	10:30	10:30	10:30	10:30
11:00	11:00	11:00	11:00	11:00
11:30	11:30	11:30	11:30	11:30
12:15 Lunch:Subway	12:15 Lunch: Cookout	12:15 Lunch: Culvers	12:15 Lunch: Cookout	12:15 Lunch:Subway
12:30	12:30	12:30	12:30	12:30
1:00 Sectionals	1:00 Sectionals	1:00 Sectionals	1:00 Sectionals	1:00 Sectionals
1:30	1:30	1:30	1:30	1:30
2:00	2:00	2:00	2:00	2:00
2:30 Full Rehearsal	2:30 Full Rehearsal	2:30 Full Rehearsal	2:30 Full Rehearsal	2:30 Full Rehearsal
3-5pm Foam Party	3-5pm Bus to North Canton Skate Park.	6-9pm Band Dance	3-5pm Fresh/ Soph Social	3-5pm Talent Show
			7-9pm Junio/Senior Social Central Park	

Band Camp Essentials

- 1) Instrument in good working order
- 2) Lyre and Flip folder with all music
- 3) Water bottle
- 4) Pencil

Make sure you wear comfortable clothes and tennis shoes. Sunglasses and a hat are a great idea. Students should wear sunblock. The Boosters have cooling stations but we march in the sun.

Food and Drink

The Green Band Boosters will be supplying drinks and snacks throughout the day. They will provide lunch daily. We will be sending out a Dietary Restrictions survey for students to fill out. We can accommodate gluten free, vegetarian, dairy free, nut free, pork free.

Social Activities

The Boosters are organizing daily social activities.

Monday- after rehearsal we will have a foam party there will be music and games.

Tuesday- School transportation to and from North Canton Skate Parks. Students will be fed a food item and drink from the snack bar. They can bring extra money for the arcade or candy

Wednesday- Come back to GHS for a band dance. Snacks, DJ and dancing!

Thursday- Class Mixers. Fresh/Soph @GHS after rehearsal. Junior/Seniors at Central park in the evening

Friday- Kids will have an opportunity to showcase their hidden talents. Sing, dance, skit, yo-yo. We can't wait to see your talent.

Green Local Schools Emergency Medical Authorization & Residency Verification Form

Purpose of Emergency Medical Authorization: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. **Part I or Part II on page 2 must be completed.**

Student Information

Student Name		School Building	
Grade	Homeroom	Gender	Birth Date
Address		Home Phone*	
City/Zip		Mobile Phone*	

**of student, if applicable*

Primary Contact Name(s) *Person(s) responsible for the care of the student whom we should contact in an emergency situation*

Name(s)		
Address, if different from student		
City/State/Zip		
Primary Phone <i>(check if mobile)</i>	<input type="checkbox"/> is mobile	<input type="checkbox"/> is mobile
Secondary Phone <i>(check if mobile)</i>	<input type="checkbox"/> is mobile	<input type="checkbox"/> is mobile
Work Phone <i>(check if mobile)</i>	<input type="checkbox"/> is mobile	<input type="checkbox"/> is mobile
E-mail Address		
Type of Contact <i>Check all that apply. See glossary for definitions.</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Medical Contact <i>(may authorize care)</i> <input type="checkbox"/> Available at Work <input type="checkbox"/> Living with Student	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Medical Contact <i>(may authorize care)</i> <input type="checkbox"/> Available at Work <input type="checkbox"/> Living with Student

Secondary Contact Name(s) *Additional person(s) whom we may contact in an emergency situation.*

Contact Name		
Address, if different from student		
City/State/Zip		
Primary Phone <i>(check if mobile)</i>	<input type="checkbox"/> is mobile	<input type="checkbox"/> is mobile
Secondary Phone <i>(check if mobile)</i>	<input type="checkbox"/> is mobile	<input type="checkbox"/> is mobile
Work Phone <i>(check if mobile)</i>	<input type="checkbox"/> is mobile	<input type="checkbox"/> is mobile
Type of Contact <i>Check all that apply. See glossary for definitions.</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Medical Contact <i>(may authorize care)</i> <input type="checkbox"/> Available at Work <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Living with Student <input type="checkbox"/> Copied on Correspondence <input type="checkbox"/> Willing to Volunteer	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Medical Contact <i>(may authorize care)</i> <input type="checkbox"/> Available at Work <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Living with Student <input type="checkbox"/> Copied on Correspondence <input type="checkbox"/> Willing to Volunteer

Last, First

Grade

Medical Contact Information

Primary Care Physician Name		Phone	
Dentist Name		Phone	
Medical Specialist Name		Phone	
Preferred Hospital		ER Phone	

Medical Conditions and Special Care

Medical Conditions	
Allergies	
Medications	
<input type="checkbox"/>	Check here if special care or administration of medication may be required at school. Additional requests for information will be sent home by the district medical staff.

PART I—TO GRANT CONSENT

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

PART II—REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

STUDENT MEDICAL INFORMATION FORM (Please Print Clearly)

Student's Name (Last, First) _____

Residential Parent(s) (Last, First) _____

Cell Phone _____ Other Phone _____

Allergies

Does your child have any allergies to food or medicine? No ____ Yes ____

If yes, please list the allergy and describe the reaction:

Medications

Please list any medications along with the doses that your child is currently taking. This information is just for reference if an emergency were to occur.

Additional Medical Information

Please describe any additional medical history, illness or information that is important regarding your child.

Consent To Administer Over The Counter Medications

Do you authorize the nurse/designee to dispense over-the-counter medications to your child as needed per directed on the label, to treat non emergency medical conditions (headache, stomach issues, muscle aches, sunburn, etc.)?

- Yes, I give permission for the administration of over the counter medications as appropriate
- No, I do not give permission for administration of over the counter medications to my child

Parent/Guardian Signature _____ Date _____

Acknowledgement/Release

I have read, understand and completed this form as fully as possible and in doing so will not hold the Band Nurse, Booster Organization, Band Directors or Green High School responsible and/or liable for any injuries or treatments given.

Parent/Guardian Signature _____ Date _____

