



L'ANSE CREUSE HIGH SCHOOL - NORTH
MARCHING CRUSADERS

lcnbandboosters@gmail.com • LCNbands.com

SAVE THE DATE!
MARCHING CRUSADER REGISTRATION DAY
Thursday, June 2 from 6pm - 8pm

All students participating in the 2022/23 marching season
are required to turn in paperwork and first payment on this date.

Hello Marching Crusader and Welcome to the 2022 Season!

This packet includes your enrollment materials to register with the Marching Crusaders for the 2022/23 season. Please fill out all forms in this packet before you arrive at Marching Crusader Registration Day. Use the checklist below to help.

A marching season calendar is enclosed. Please save these important dates now.

All events on the calendar are required. Please read the attendance policy on the next page for information regarding student and parent expectations. Any concerns should be directed to Mr. Griffith via e-mail at griffda@lc-ps.org

CHECK LIST

Complete the following & bring with you to Marching Crusader Day:

- | | |
|---|--|
| <input type="checkbox"/> Student Registration & Commitment Form | <input type="checkbox"/> Emergency Treatment Medical Form – NOTARIZED* |
| <input type="checkbox"/> 1st payment of \$195 (returning members \$150) | <input type="checkbox"/> Parent Authorization Release Form |
| <input type="checkbox"/> Photo of Student | <input type="checkbox"/> Daily & Prescription Medication Form |
| <input type="checkbox"/> Copy of BOTH sides of Insurance Card | <input type="checkbox"/> OTC Medication Form |
| <input type="checkbox"/> Copy of Student Immunization Record | <input type="checkbox"/> Echo Grove (Camp) Waiver |
| <input type="checkbox"/> Sports Physical** dated AFTER April 15, 2022... <i>turn in when you get it!</i> ** | |

*NOTARIZED: We can notarize for you at Marching Crusader Day, we will have a Notary present.
Bring your completed UNSIGNED form and photo ID to registration day.

**PHYSICAL: A sports physical *dated After 15, 2022* is required BEFORE August practices & camp.

As soon as you get your NEW physical - please place in the lock box by the band office door.



2022-2023 Marching Crusaders Attendance Policy

Marching band is a unique organization that offers many benefits to its performers and audience. For this organization to be successful, all stakeholders must be aware of the necessary commitment of all involved. Performances are complex arrangements of motion and music between many performers. As with sports, missed practices lead to increased errors and potential injury. To this end, attendance at all practices, performances, and fundraisers listed on the calendar are required of all students.

Students – Attendance is important to your fellow members. This includes being on time (early) for all events. Marching band will challenge your time management skills. It is important **YOU** keep up with all your class work and seek the help of a student leader, teacher, or staff member when you need help. It is suggested you put the marching band calendar into your smart phone and be sure to monitor the BAND app. When a conflict arises, be sure to notify the director and your section leader as soon as possible.

Parents – A calendar of events has been provided so you are aware of the time requirements for your student. Please avoid scheduling appointments and other commitments during these dates. If an illness or conflict arises, please contact the director as soon as possible. Often, we can work out conflicts with a little compromise. Please be aware of two important things. 1 - a student cannot excuse themselves from any event (rehearsal, performance, fundraiser). A parent or guardian must contact the director. 2 - Notification of conflict does not mean a student will be excused.

Summer calendar – Marching band begins in July with many important rehearsals. We realize families will be going on vacation during the summer months. The policy of the marching band for summer events will be: If the student is in town, they are expected to be at the rehearsal. If the student is on vacation, the student will be excused, with proper notification.

Camps/Fall Schedule – Attendance is required at all practices. Below are the most common conflicts.

Activities:

School sponsored events – We will work with students to allow them to do both activities to the best of our ability, provided we are notified.

Non-school sponsored events – Students will not be excused for avoidable or electable events such as outside of school groups, family vacations, work, celebrations (birthday parties).

Drivers training – Drivers training is an important part of a high school student's experience. If you plan to start your driving experience this year, please be aware of some potential conflicts with pre-camp and away camp, as well as concert seasons performances.

If you have questions regarding the attendance policy, or you have a conflict with the calendar, please email Mr. Griffith at griffda@lc-ps.org.

Marching Crusaders Student Registration & Commitment Form 2022/23

STUDENT INFORMATION - PLEASE PRINT

Applying for ☐ Winds ☐ Percussion ☐ Color GuardGraduation Year ☐ 2023 ☐ 2024 ☐ 2025 ☐ 2026 ☐ 2027

STUDENT FIRST NAME

L'Anse Creuse Schools Student ID Number (lunch account #)

STUDENT LAST NAME

Birth Date

Address

Marching Instrument

City, State, Zip Code

Other Instrument (....besides band instrument? Piano? Guitar? Voice? Other?)

Student Cell Phone

Student's T-Shirt Size (Adult Sizes): ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Student Email Address

PARENT/GUARDIAN INFORMATION - PLEASE PRINT

MOTHER - FIRST NAME & LAST NAME

FATHER - FIRST NAME & LAST NAME

Mother's EMAIL Address

Father's EMAIL Address

Mother's Home Address

Father's Home Address

City, State, Zip Code

City, State, Zip Code

Mother's MAIN Phone Number: ☐ Cell ☐ HomeFather's MAIN Phone Number: ☐ Cell ☐ HomeMother's Alternate Phone Number: ☐ Cell ☐ WorkFather's Alternate Phone Number: ☐ Cell ☐ Work

Please select at least two areas you can help: ☐ Camp Chaperone ☐ Bus Chaperone ☐ Equipment/Pit Help ☐ Uniform Team ☐ Sewing ☐ Committee or Fundraiser Coordinator
☐ Nurse/First Aid ☐ Booster Board ☐ Craft Shows ☐ Baking ☐ Meal Team ☐ Website & Advertising ☐ Sponsorship Program ☐ List your special skills/talents you can share (such as carpentry, electrician, printing, accounting, other)

MARCHING BAND FEES, REQUIRED FUNDRAISERS & REFUND POLICY

Marching Band/Colorguard Membership Fee:

\$545 new members (includes shoes/gloves)
 \$500 returning members
 FEE INCLUDES: show theme t-shirt, camp fees & meals, (20) raffle tickets, use of uniform, lunch before competitions & snacks after, music & drill, instruction, transportation to/from competitions.

June 8, 2022 \$195 (\$150 for returning members)

July 20, 2022..... \$150

August 15, 2022.....\$200

August 15, 2022*raffle tickets due:
 *sold, completed & turned in

REQUIRED FUNDRAISERS:

1. RAFFLE TICKETS: membership fee includes \$100 in tickets.
All students are required to sell & return their raffle tickets.

2. BOTTLE DRIVE: ALL STUDENTS are required to participate in 2 Bottle & Can Drive scheduled for June 4, 2022 and September 10, 2022 OR pay opt-out fee of \$35 in-lieu of participating.

OPTIONAL FUNDRAISERS:

Details for Optional Fundraisers will be shared throughout the year. These provide you with opportunities to earn

ALL MEMBERS MUST HAVE*:

new members included with fee
 • marching band/color guard shoes (\$40)
 • gloves (\$5) • tall black socks

CANCELLATION & REFUND POLICY:
 Sorry - **NO REFUNDS AFTER JUNE 15, 2022**

PAYMENTS:

Check/Money Order payable to:
LCN Band Boosters
 Credit Card payments use:
link will be made available soon

PARTICIPATION AGREEMENT & FINANCIAL COMMITMENT

By Signing this form, I (the student) agree to participate in the L'Anse Creuse High School-North Marching Crusaders 2022/23 season. I have been given a copy of the season schedule. I understand it is MY responsibility to attend ALL scheduled camps, practices/Super-Saturday practices, sectionals, parades & competitions. I understand the expectation is to arrive BEFORE practice begins - and be "ready to play" when practice starts. If I am unable to be at a scheduled practice/event, I will inform my Directors in advance. Important information, such as my account balance & schedule, can be found at **www.lcnbandboosters.com**. I understand that this extra-curricular activity requires monetary support, and agree to pay the fees in full by August 15, 2022, as outlined above. I understand the refund/cancellation policy. I am aware there are two required participation fundraisers: 1) selling \$100 in raffle tickets as part of my membership fee, 2) participation in the bottle & can drives scheduled in June and September. In good faith, I will make every effort to represent the Marching Crusaders proudly - on and off the field - as a student representative for L'Anse Creuse High School-North.

Student Signature

Student PRINTED Name

Date

As the Parent/Guardian of the student named above, I have read this Commitment Form. I agree to support and encourage my student and assist them with being on time to required functions. I agree to the financial commitment indicated above and understand the cancellation policy; as well as the required fundraisers. I understand that this is a very active program with many opportunities to help. When and where possible, I will volunteer; offering time, talent and resources to support my student and help the students and band program to grow.

Parent/Guardian Signature

Parent/Guardian PRINTED Name

Date

Please be sure to include with this form:

☐ current student photo

☐ copy of students Immunization Record

☐ copy BOTH sides of insurance card

☐ signed & sealed before a Notary Public

**ATTACH
CURRENT
PHOTO
OF STUDENT**

EMERGENCY MEDICAL TREATMENT FORM 2022

Student Name (first, middle, last) _____

Street Address _____

City/State/Zip _____

PARENT/LEGAL GUARDIAN INFORMATION:

Mother/Guardian _____ Father/Guardian _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

IF PARENTS/GUARDIANS CANNOT BE CONTACTED, PLEASE CONTACT:

Name _____ Relationship _____

Street Address _____ City/State/Zip _____

Cell Phone _____ Home Phone _____

INSURANCE INFORMATION (Blue Cross, PPO, HMO, Other) attached

☐ copy BOTH sides of Insurance card

Policy Holder's Name _____ Insurance Company _____

Group No. _____ Service Code _____

Contract # _____ Policy Holder's Employer _____

MEDICAL INFORMATION

Date of last Tetanus shot: _____ Special Dietary Needs? _____

Primary Care Physician _____ Physician Phone _____

List allergies (Food / Medication) _____

Medical condition or medical history that should be known to medical staff: _____

☐ Diabetic? How often is blood sugar monitored? _____ list
insulin _____

IMPORTANT: this section must be completed in the presence of a Notary Public. Do not sign ahead of time.

Medical Treatment/Disciplinary Release: If the parents and authorized physician named cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of school authorities, I authorize that my son/daughter be taken to the hospital for emergency medical treatment.

Parent Signature _____

Date _____

Notary Public Signature _____

Date _____

Notary Public: place seal in space above

***State Requirement: All students must turn in this form – even if they do not use ANY daily medication.**

STUDENT DAILY & PRESCRIPTION MEDICATION FORM 2022

Student Name _____

Under certain conditions, as a service to you and for the welfare of your child, school personnel may agree to honor parent requests for the administration of necessary prescribed medication to students.

Please complete the chart for each medication the student named above is currently taking. Include BOTH prescription and non-prescription medication. Instructions must be the same as on the medicine container.

Medication	Condition	Prescription (P) Non-Prescription(N)	Breakfast	Lunch	Dinner	Bedtime	Special Instructions
<i>Example: Allegra</i>	<i>Allergies</i>	<i>Prescription</i>	<i>1 Tab-10mg</i>			<i>1 Tab-10mg</i>	

Upon arrival to camp, check-in all listed medications with the health officer. Pick up medications at the end of camp.

PRESCRIPTION MEDICATION(S): must be in the original container, clearly labeled, and indicate the following information: student's name, prescription number, medication name, dosage, date issued, doctor's name, pharmacy name, address, and phone number.

OVER-THE-COUNTER-MEDICATION(S) that are taken on a daily basis: a dose schedule signed by the physician must be attached to this health form.

A nurse will be on site at all times while at Echo Grove. I understand all medications will be located in the Nurse's Station at Echo Grove unless indicated otherwise in the special instructions above. ***I understand that it is the responsibility of my child to report to the Nurse's Station for his/her medication.*** I further understand that it is my responsibility to notify Mr. Griffith or his designee of any change or discontinuation of the medication.

I hereby authorize L'Anse Creuse High School North medical personnel or designee the right to administer medications as identified above on the following dates: August 21 – 26, 2022

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

MICHIGAN: ACT NO. 432 of the Public Acts of 1978 (Section 380.2278 of the Compiles Laws of 1970) Section 1178 - A school administrator, teacher, or other school employee designated by the school administrator who is in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parents or guardian and in compliance with the instructions of a physician is not liable if any criminal action or for civil damages as a result of administering except for an act or omissions amounting to gross negligence or willful and wanton misconduct.

OVER THE COUNTER MEDICATION AUTHORIZATION FORM 2022

Name of Student _____ Date of Birth _____

School: L'Anse Creuse High School North Grade _____

Over-the-Counter Medication Parent Permission:

As required by state law, **please initial each medication** you will allow medical staff to administer to your student, per package instructions, as needed.

_____ Tylenol	_____ Benadryl	_____ Calamine Lotion
_____ Ibuprofen (Advil/Motrin)	_____ Neosporin	_____ Solarcaine spray (for sunburn)
_____ Pepto Bismol	_____ Hydrocortisone cream	_____ Sore throat spray/lozenges
_____ Benadryl	_____ Ipecac Syrup (for poisoning)	

I hereby authorize L'Anse Creuse High School North medical personnel or designee the right to administer emergency first aid and/or over the counter medications or generic equivalent included in the list above on the following dates: August 21 – 26, 2022

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

MEDICATION LOG – EMERGENCY FIRST-AID AND/OR OVER-THE-COUNTER MEDICATIONS ***(Log to be completed as necessary, please leave blank)***

MEDICATION	DATE	TIME	INITIALS

PARENT RELEASE & AUTHORIZATION - LCN BAND CAMP 2022

AUTHORIZATIONS FOR RELEASE:

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

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

If parents or the emergency contact person is not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. The camp or LCN Bands will not be responsible for any costs incurred as a result of illness or injury. Parents 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 anyway by the group leadership.

I understand my child may be participating in camp activities that may include boating, swimming, and hayride. I understand that there may be inherent risks in these activities.

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 specified by the group leadership.

I also give my permission for my child to be photographed or videotaped and allow LCN Bands to release said pictures for publicity purposes.

In the event that I am not able to pick up my child, she/he may be release only to the following people:

Name & Phone Number _____

Name & Phone Number _____

Name & Phone Number _____

Signed _____ Date _____

Printed Name _____ Relationship _____



The Salvation Army Echo Grove Camp & Retreat Center Waiver/Release of Liability Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp"). I understand that I/my minor child may take part in activities which may include: transportation, swimming, canoeing, kayaking, paddle boats, fishing, pontoons, slip n' slide, rafting, high and low ropes course, climbing wall, zip line, hayride, high intensity activities, archery and other shooting sports, field trips, indoor & outdoor games, bicycling, and other activities consistent with the purposes of the Camp (each, an "Activity"). I also understand that use of the facilities and equipment at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp") may involve risk of bodily injury, property damage, or exposure to contagion (including COVID-19), and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp"). I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury, property damage, illness, or any other loss that I might suffer while using The Salvation Army Echo Grove Camp & Retreat Center (the "Camp") facilities and services, except as limited by law.

In consideration of being permitted to participate in the Camp, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of my/my minor child's participation in any Activity.

- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me/my child while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify, hold harmless and defend The Salvation Army, its officers, agents, employees, and volunteers from any and all liability or costs, including attorney's fees, associated with or arising from my/my child's participation in any Activity and arising from any cause, including vehicles, except for matters caused by the willful misconduct or gross negligence of The Salvation Army or its officers, agents, employees, and volunteers while acting within the scope of duties of such relationship to The Salvation Army.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that if I am signing this waiver/release on behalf of my minor child, I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

Printed Name of Participant

Printed Name of Parent/Guardian **OR** Adult Participant

Signature of Parent/Guardian **OR** Adult Participant

Date

Rev (6/20)

**L'ANSE CREUSE HIGH SCHOOL NORTH
INSTRUMENTAL MUSIC DEPARTMENT**

23700 Twenty One Mile Road

Macomb, MI 48042

Phone: (586) 493-5270 • Fax: (586) 493-5275



**2022-2023 Marching Crusaders
Calendar of Events – as of 05/06/22**

DATE	ACTIVITY	REPORT TIME	EVENT TIME
MAY			
11 (Wed)	MB Rehearsal		6:00pm – 8:00pm
26 (Thur)	MB Rehearsal		6:00pm – 8:00pm
JUNE			
02 (Thur)	Marching Crusader Registration		6:00pm – 8:00pm
04 (Sat)	Marching Crusader Can & Bottle Drive #1		10:00am – 3:00pm
JULY			
18 (Mon)	MB Rehearsal		5:30pm – 9:00pm
20 (Wed)	MB Rehearsal		5:30pm – 9:00pm
25 (Mon)	MB Rehearsal		5:30pm – 9:00pm
27 (Wed)	MB Rehearsal		5:30pm – 9:00pm
AUGUST			
01 (Mon)	MB Rehearsal		5:30pm – 9:00pm
03 (Wed)	MB Rehearsal		5:30pm – 9:00pm
08 (Mon)	MB Rehearsal		5:30pm – 9:00pm
10 (Wed)	MB Rehearsal		5:30pm – 9:00pm
15 (Mon) – 19 (Fri)	Pre-Camp @ LCN		1:00pm – 9:00pm
21 (Sun) – 26 (Fri)	Band Camp (away) – Echo Grove Camp, Leonard, MI	TBD	Away Camp
30 (Tues)	MB Rehearsal		5:30pm – 9:00pm
31 (Wed)	MB Rehearsal		5:30pm – 9:00pm
SEPTEMBER			
07 (Wed)	MB Rehearsal		5:30pm – 9:00pm
08 (Thur)	MB Rehearsal		5:30pm – 9:00pm
09 (Fri)	Home Football Game vs Port Huron Northern (Senior Night)	4:30pm	7:00pm
10 (Sat)	Marching Crusader Can & Bottle Drive #2 -		10:00am – 3:00pm
12 (Mon)	MB Rehearsal		5:30pm – 9:00pm
14 (Wed)	MB Rehearsal		5:30pm – 9:00pm
17 (Sat)	Super Saturday Rehearsal		9:00am – 5:00pm
19 (Mon)	MB Rehearsal		5:30pm – 9:00pm
21 (Wed)	MB Rehearsal		5:30pm – 9:00pm
24 (Sat)	Trenton Scholastic Marching Bands Competition	TBD	TBD
26 (Mon)	MB Rehearsal		5:30pm – 9:00pm
28 (Wed)	MB Rehearsal		5:30pm – 9:00pm
30 (Fri)	Home Football Game vs Port Huron High School	4:30pm	7:00pm
OCTOBER			
01 (Sat)	Troy Athens Scholastic Marching Bands Competition	TBD	TBD
03 (Mon)	MB Rehearsal		5:30pm – 9:00pm
05 (Wed)	MB Rehearsal		5:30pm – 9:00pm
07 (Fri)	Home Football Game vs Fraser High School (Homecoming)	4:30pm	7:00pm
10 (Mon)	MB Rehearsal		5:30pm – 9:00pm
12 (Wed)	MSBOA Marching Band Festival @ LCN	TBD	TBD
14 (Fri)	Home Football Game vs Warren Woods Tower High School (with MS Bands)	4:30pm	7:00pm
15 (Sat)	DeWitt Scholastic Marching Bands Competition	TBD	TBD
TBD	Annual Spaghetti Dinner @ LCN	TBD	5:00pm-7:00pm
NOVEMBER			
19 (Sat)	Mt. Clemens Santa Parade	10:00am	11:00am – 12:00pm

Daniel J. Griffith, Director

Voicemail: Ext. 2024

Email: griffda@lc-ps.org

Scott A. Oranchak, Paraprofessional

Voicemail: Ext. 2025

Email: orancsc@lc-ps.org

KROGER COMMUNITY REWARDS

By registering your Kroger card (and your family & friends Kroger cards) you can help the band earn money with the Kroger Community Rewards Program. To do this, you need to register your card online.

NOTE: this process needs to be renewed once-per-year.

- 1. go to www.KrogerCommunityRewards.com**
- 2.CREATE AN ACCOUNT (enter your email and password)**
- 3.Select a store location near you**
- 4.Kroger will email you an activation link...check your email and click the link**
- 5.Log-in to the account you just created**
- 6.Click EDIT KROGER COMMUNITY REWARDS INFORMATION**
- 7.Enter your Kroger Plus Card number and ADD CARD**
- 8.Enter our NPO number: **TY146** and click CONFIRM or UPDATE**

That's it! If you will please take five minutes to complete this process it is a very easy way to help the band earn much needed funds - and it doesn't cost you anything - just continue your grocery shopping as usual.

TIP: to verify that you are enrolled correctly you will see our name (L'Anse Creuse High School North Band Boosters) at the bottom of your receipt

AMAZON SMILE

Do you shop at Amazon.com? Did you know you can help the band earn money? They will donate a percentage of qualifying purchases to our organization

- 1. Go to: www.Smile.Amazon.com**
- 2. Log-in to your Amazon account with your user name & password**
- 3. Next choose our organization from the list:**
L'Anse Creuse High School North Band Boosters
- 4. Shop as usual.**

TIP: Be sure to bookmark this website - - if you don't log-in through www.Smile.Amazon.com, it doesn't count. Be sure to ask your family & friends who shop with Amazon to help out too.