



L'ANSE CREUSE HIGH SCHOOL - NORTH  
**MARCHING CRUSADERS**

lcnbandboosters@gmail.com • LCNbands.com

**SAVE THE DATE!**  
**MARCHING CRUSADER REGISTRATION DAY**  
**Tuesday, May 23 from 6pm - 8pm**

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

*ALL returning & new members are required to register on May 23.  
Paperwork and First payment will be collected on this day.*

## Hello Marching Crusader and Welcome to the 2023 Season!

This packet includes your enrollment materials to register with the Marching Crusaders for the 2023/24 season. Please fill out all forms in this packet — signatures, spaces and copies completed 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.

Practices are very important – and required. Be sure to discuss any special circumstances with your Mr. Griffith.

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## 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 \$150.00   | <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** <b>dated AFTER April 15, 2023</b> ...turn in when you get it!** |  |

\*PARENTS: 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, 2023 is required BEFORE August practices & camp.  
As soon as you get your NEW physical - please turn it in.

L'Anse Creuse High School North Bands

Marching Crusaders Student Registration & Commitment Form 2023/2024

STUDENT INFORMATION - PLEASE PRINT

Applying for

☐ Marching Band

☐ Color Guard

Graduation Year

☐ 2024

☐ 2025

☐ 2026

☐ 2027

☐ 2028

STUDENT FIRST NAME

STUDENT LAST NAME

Address

City, State, Zip Code

Student Cell Phone

Student Email Address

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

Birth Date

Marching Instrument

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

Student's T-Shirt Size (Adult Sizes):

☐ S

☐ M

☐ L

☐ XL

☐ 2XL

☐ 3XL

PARENT/GUARDIAN INFORMATION - PLEASE PRINT

MOTHER - FIRST NAME & LAST NAME

Mother's EMAIL Address

Mother's Home Address

City, State, Zip Code

Mother's MAIN Phone Number:

☐ Cell

☐ Home

Mother's Alternate Phone Number:

☐ Cell

☐ Work

FATHER - FIRST NAME & LAST NAME

Father's EMAIL Address

Father's Home Address

City, State, Zip Code

Father's MAIN Phone Number:

☐ Cell

☐ Home

Father's Alternate Phone Number:

☐ Cell

☐ Work

Please select at least 2 areas you can help with:

☐ Camp Chaperone

☐ Bus Chaperone

☐ Equipment/Pit Help

☐ Uniform Team

☐ Sewing

☐ MSBOA Festival

☐ Banquet

☐ Poker

☐ Kitchen/Concessions

☐ Nurse/First Aid

☐ Craft Shows

☐ Baking

☐ Meal Team

☐ Website & Advertising

☐ Sponsorship Program

☐ Committee Coordinator

☐ Fund Raiser

Coordinator

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

May 23, 2023 .....\$150  
July 17 2023 ...\$195 (\$150 for returning members)  
August 14, 2023.....\$200  
August 15, 2023\* .....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 17, 2023 and September 9, 2023 OR pay opt-out fee of \$35 per drive 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 16, 2023

PAYMENTS:  
Check/Money Order payable to:  
LCN Band Boosters

PARTICIPATION AGREEMENT & FINANCIAL COMMITMENT

By Signing this form, I (the student) agree to participate in the L'Anse Creuse High School-North Marching Crusader 2023/24 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 will make every effort 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 and Section Leader in advance. Important information, such as my account balance & schedule, can be found at **www.lcnbands.com**. I understand that this extra-curricular activity requires monetary support, and agree to pay the fees in full by August 14, 2023, 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 for June 17 and September 9. In good faith, I will make every effort to represent the Marching Crusaders proudly - on and off the field - as a student representative for LCN.

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 will access my student's account info at **TBA**. 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

Marching Crusaders Student Registration & Commitment Form 2023 rev.3/31

**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 2023

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 2023

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 20 – 25, 2023

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 2023

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 20 – 25, 2023***

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 2023

## 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)



Echo Grove Camp  
1101 Camp Road  
Leonard, MI 48367  
(248) 628-3108  
[www.echogrove.org](http://www.echogrove.org)

## Special Diet Request Form

If you require a medical/vegetarian diet during your stay, please fill out this Special Diet Request Form. Please send all completed forms to [jason.chisholm@usc.salvationarmy.org](mailto:jason.chisholm@usc.salvationarmy.org).

Please note:

- Your special diet request must be submitted to Echo Grove four to six weeks before your event and be confirmed by our staff.
- A limited number of medical/vegetarian diets can be accommodated during any meal (usually 8-10 people).
- Many preferences or weight loss menus can be accommodated within the framework of the menus planned during your stay.
- We may not be able to accommodate all special diet requests.
- We will not attempt to accommodate anyone with life threatening allergies due to risk and liability.
- PLEASE SEND REQUESTS TO [jason.chisholm@usc.salvationarmy.org](mailto:jason.chisholm@usc.salvationarmy.org)

### GUEST INFORMATION

Name (first/last) \_\_\_\_\_

If guest is a minor, please include name of parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Event you will be attending \_\_\_\_\_

Dates of stay \_\_\_\_\_

### DIETARY NEEDS

☐ Medical Diet

☐ Vegetarian Diet

For medical diet, check all that apply:

☐ Gluten Intolerant

☐ Egg Allergy

☐ Celiac Disease

☐ Shellfish Allergy

☐ Lactose Intolerant

☐ Dairy Allergy

☐ Low Sodium/Low Fat

☐ Other (please explain) \_\_\_\_\_

☐ Diabetic

\_\_\_\_\_

☐ Nut Allergy

\_\_\_\_\_

Please use this space to include any other information that you would like us to know about your dietary requirements.

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# **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](http://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