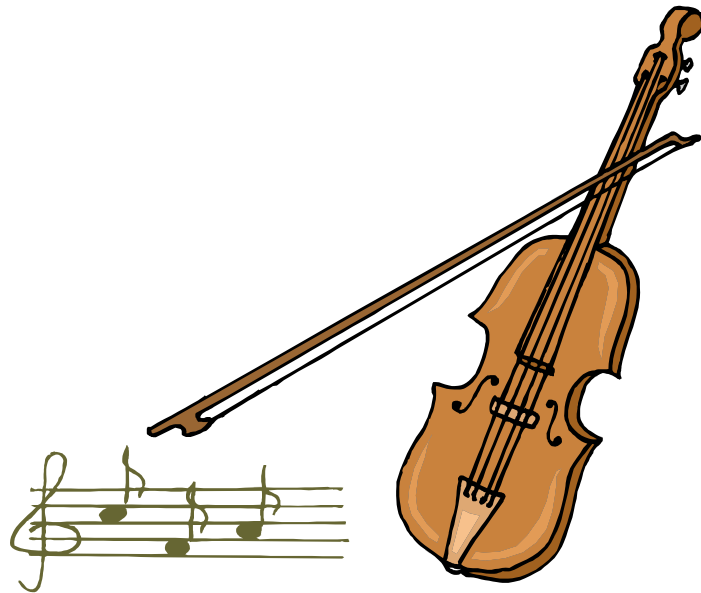


2015

# Troy High School Orchestra Registration & String Camp Forms



## Camp Copneconic

10407 Fenton Road  
Fenton, MI 48430  
810-629-9622  
[www.campcopneconic.org](http://www.campcopneconic.org)

**MANDATORY PARENT MEETING**  
Wednesday, September 9, 2015, 7pm  
Troy High School Auditorium



## Troy High Orchestra String Camp 2015

The annual Troy High Orchestra String Camp will be held September 11 – 13, 2015 at Camp Copneconic in Fenton, Michigan, a large, beautiful camp with modern, comfortable facilities. We hope that all incoming Freshman Orchestra members and returning students will be able to attend. The students will be bused to Camp Copneconic on Friday, September 11th and will spend Friday and Saturday participating in rehearsals, clinics, outdoor activities and team building exercises. On Friday and Saturday evenings, the students participate in various activities, games and a bonfire. The weekend culminates in a concert on Sunday morning, after which the students will return home with their parents.

**(BASS PARENTS:** note your child must have their own instrument and they are responsible for the transportation of their instrument.)

***There is no transportation provided for students to return home on Sunday.***  
*Accordingly, parents must pick students up at Camp Copneconic, or arrange for a ride.*

String Camp weekend occurs during the first weekend of the new school year, so camp reservations must be made before the current school year ends in June. As such, it is very important for you to complete the attached forms (3) and return them, along with a check made payable to “OATH” in the amount of **\$180** (includes \$30 production fee for the 2014-2015 school year), to Mr. MacNair or Mrs. Fan Yang (below), OATH Treasurer- no later than :  
**Monday, June 1, 2015.**

The **Production Fee** covers various ancillary costs that are incurred over the course of the school year on behalf of your child (e.g., awards, refreshments, uniform cleaning, and transportation). Your completed forms and payment can be mailed directly or dropped off to:

Orchestra Association of Troy High  
c/o Mrs. Fan Yang  
1546 Brentwood,  
Troy MI 48098

***Even if your student will NOT be able to attend String Camp, please complete and submit the attached Registration Form (for the Production Fee) and Student Information Form (used to communicate with parents and students during the summer) along with the \$30 production fee payment so that we have your student information packet complete for the 2014-2015 orchestral school year.***

If your student is involved in sports or other activities that conflict with the String Camp schedule, please let us know! Students may be dropped off/picked up at Camp Copneconic over the course of the weekend provided we have the appropriate authorizations from you.

If you have any questions or concerns about String Camp, or if you are interested in participating as a chaperon, please contact **Sundara Kolluru, 2015 String Camp Coordinator, at 248-225-4209 or at g3ganti@gmail.com**

**2015 TROY HIGH ORCHESTRA  
REGISTRATION & STRING CAMP FORM**

**As of September 2015**

**Student Name:** \_\_\_\_\_ **Gender F / M** **Grade** \_\_\_\_\_

**Orchestra (circle one)** Freshmen    Concert    Symphony    **Instrument** \_\_\_\_\_

\_\_\_\_\_ My child **will** attend String Camp (Include this Registration Form, the Parental Consent Form, Student Information Form and make \$180 check payable to OATH).

\_\_\_\_\_ My child **will not** be able to attend String Camp (Include this Registration Form, a new or revised Student Information Form and make \$30 check payable to OATH).

Check amount: \_\_\_\_\_ \$180 per student if attending String Camp  
**OR** \$30 per student if NOT attending String Camp

Check number: \_\_\_\_\_

*If your child decides not to participate in the Troy High Orchestra Program during  
the 2014-2015 school year, all fees paid will be refunded.*

Parent's signature: \_\_\_\_\_

Please enclose your check (made payable to OATH), this registration form, the Parental Consent form and the Student Information Form in an envelope labeled with your child's name and return it to Mr. MacNair at Troy High or mail/drop it off to Ms. Fan Yang (OATH Treasurer) **by Monday, June 1, 2015 or sooner.**

**OATH**  
**c/o Mrs. Fan Yang**  
**1546 Brentwood**  
**Troy, MI 48098**

**TROY HIGH ORCHESTRA**  
**STUDENT INFORMATION FORM**  
**2015-2016**

**Student Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** F / M **Grade** \_\_\_\_\_

**T-Shirt Size** S, M, L, XL, 2XL (T-Shirt sizes run normal)

**Orchestra (circle one)** Freshman Concert Symphony **Instrument** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Student's Cell Phone Number** \_\_\_\_\_

**Student's Email Address** \_\_\_\_\_

**Name of Father/Guardian #1** \_\_\_\_\_

**Address (if different from student)** \_\_\_\_\_

**Contact Information:** Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Name of Mother/Guardian #2** \_\_\_\_\_

**Address (if different from student)** \_\_\_\_\_

**Contact Information:** Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Health Insurance Carrier** \_\_\_\_\_

Name of Insured \_\_\_\_\_

Insurance Contract/Policy Number \_\_\_\_\_

Medical/health information about which chaperones/health care professionals should be aware:

---

---

---

Parent verifies the above information and signs \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Opportunities for OATH 2014-2015

Please look over the following list and choose one (or more!) areas where you would like to help. Every parent is automatically a member of the Orchestra Association of Troy High, and every parent is welcome to help in some capacity. Most jobs require very little time. Any help you can offer to make this very worthy organization a success would be very much appreciated!

**President**-Keeps abreast of every event and delegates accordingly. \_\_Varsha Pathre \_\_\_\_\_

**Vice President**-Helps the president when needs arise. \_\_\_\_ Lauren Leney \_\_\_\_\_

**Secretary**-Karen Pawlik

**Treasurer**- Beth Durell

### **CONCERTS**

**Backstage Manager**-Directs volunteers to help students on/off stage. \_\_\_\_\_

**Concert Manager**-Varsha Pathre

**Concession Manager**-Directs volunteers for concessions/refreshments for concerts. \_\_\_\_\_

**Decorations Manager** -Coordinates the decorations for concerts. \_\_Barb Buccaro \_\_\_\_\_

**House Manager**-Directs volunteers and NHS students in lobby for concerts. \_\_\_\_\_

**Ticket Sales Manager**- Coordinates Spooktacular and Gala ticket sales. \_\_\_\_\_

### **MEDIA**

**Facebook Administrator-** \_\_\_\_\_

**Newsletter Editor-** Lauren Leney

**Photographer-**Tony Gee

**Programs-**Tony Gee

**Publicity-**

**Student Database & Email-** Flora Tan

**Web Site-** Lori Koran

## **MISCELLANEOUS**

**Band Liason-**Julie & Keith Kohring

**Senior Ribbon Seamstress-** Lori Koran

**Showcase Decor-** \_\_\_\_\_

**Spiritwear Coordinator-** Lauren Leney

**Uniforms-**(2 needed) \_Carol Mazurek\_\_\_\_\_

**Volunteer Coordinator-** \_\_\_\_\_

## **ONE-TIME EVENTS**

**Banquet-**Julie Kohring

Welcome Table (5:30-6:15 p.m.)\_\_\_\_\_

**5k & Fun Run-** (October 5) Leigh Huang

Early Set-up Crew 7:30-9:00 a.m. (5) \_\_\_\_\_

Mid -Race Help 9:00-10:30 a.m. (5) \_\_\_\_\_

Clean-Up Crew 10:30-12:00p.m. (5)\_\_\_\_\_

**Gala Coordinator-**

Donations-

Guest Relations (Performing Artist) \_\_\_\_\_

Afterglow-\_\_\_\_\_

Student Afterglow-\_\_\_\_\_

**Picnic Coordinator-**(August 25) Karen Pawlik

Set-Up Crew 5:00/Clean-Up\_\_\_\_\_

**Spooktacular Coordinator-** \_\_\_\_\_

**8th Grade Potluck-**\_\_\_\_\_

**String Camp Coordinator-**Geri Musial

Chaperones (12-14 needed – medical background a plus)

**Student Directory** \_\_\_\_\_

**Spring Trip Coordinator-**\_\_\_\_\_

Chaperones - about 12 needed, including a few with medical background.

**8th/9th Concert for the Future Coordinator-**\_\_\_\_\_

TROY SCHOOL DISTRICT  
TROY, MICHIGAN

PARENTAL CONSENT FOR INDIVIDUAL FIELD TRIP

To: Parent/Legal Guardian of Troy School District High School Student

From: Ms. Mac Nair

It is the policy of the Troy School District to require written permission for transportation of all students to and from school-approved field trips, activities and excursions. A parental consent form is sent home along with information concerning the trip.

Your written permission is required for transportation of your son/daughter to a school-sponsored activity, as detailed below:

Travel to: Camp Copneconic

Purpose of Trip: String Camp Expense: \_\_\_\_\_

Participating students will leave on Friday 9/11/2015 at \_\_\_\_\_ and return

on Sunday 9/13/15 at approximately after performance. Students will be supervised by

chaperones and picked up by parents.

Please check all acceptable methods of transportation for your son/daughter:

- My son/daughter has permission to participate in all school-approved activities. Some of the specific functions for school activities might include transportation at the student's own initiation, but all trips include written permission from parents.
- My son/daughter has permission to ride a school or commercial bus.
- My son/daughter has permission to walk to the activity site.
- My son/daughter has permission to ride with a school staff member or volunteer. \*
- My son/daughter has permission to drive. \*
- My son/daughter has permission to drive other students. \*
- My son/daughter has permission to ride with a student driver. \*

- Students are responsible for all school work and should make arrangements with teachers prior to any class absences.

PARENTAL CONSENT AND EMERGENCY MEDICAL AUTHORIZATION

*Please print student name*

I, the undersigned parent/legal guardian of \_\_\_\_\_, hereby grant permission for this child to travel on the school-approved trips, activities and excursions as indicated above.

During the course of the above-described school-sponsored activity, if I am available or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

\*Annual Student Driver Permission Slip and Indemnification Form required (Form D1).