Tom Baines Band Department

Grade 8 Band Camp April 11-13, 2017

The objectives of Band Camp:

1. The three Grade 8 Band Classes will get a chance to rehearse and prepare for Spring Concerts.

2. Work on enhancing balance and blend in small sections and the band as a whole.

3. To work on the “stories” we are trying to share with our music.

4. To build on relationships, team building, and citizenship.

What will we be doing:

1. Play our instruments in small and large groups.

2. Eat, drink, and socialize together.

3. Non music team building activities.


5. Enjoying some fresh country air.
What do you need to do to participate in Band Camp:

1. **Be doing the best you can in all classes.** Do not use Band Camp as an excuse to get out of work or responsibilities.

2. **Read the information in this package.** When your parent signs the forms you are agreeing to follow the expectations outlined in this information package. Failure to do so will result in your parents coming and taking you from the camp.

3. **Return the attached Acknowledgement of Risk form.** A parent must fill this out. Make sure all contact, medical, and meal information is filled out correctly. Signatures are required on pages 2 and 4. **This form must be given to Mr. Cooper by March 24, 2017.**

4. **With the above form please include the $200.00 fee.** Cheques can be made out to Tom Baines School and they can be posted dated. Please hand the fee in with the A of R form. If you wish to make credit or bank card payments you will need to come to the main office and make that transaction.

5. **CBE Policy Requires a Parent meeting for all Overnight Trips.** Options are: (1) meet with Mr. Cooper during Student Lead Conferences on March 23 and 24 or… (2) meet with Mr. Cooper Tuesday April 4 he will be available from 4:00-8:00 PM.

6. Make sure you have all the items on the “What to Bring List.”

7. **Do not bring anything on the “Not to Bring List.”

8. **Follow all school and camp expectations.**

9. **Listen to all requests made by supervisors.** Be on time and ready to participate.

10. **Let Mr. Cooper know of any problems- health, safety, behavior, etc…**

11. **Do not cause any problems- health, safety, behavior, etc…**

12. **Not only Respect but also Care** for yourself, others, and the camp.
Expectations:

Students will…

1. **not** endanger the safety of themselves or others on the trip.
2. respect and care for each other. No one is allowed to get in the way of anyone having a great experience at camp (including themselves.)
3. assume best intentions: decisions will be made for what is best for everyone.
4. take care of their possessions and do not interfere with the processions of others.
5. **not** take part in any pranks, jokes, or games that cause harm (physically or emotionally) or cause damage to property.
6. **not** bring any games or electronic devices to meal times.
7. wear appropriate clothing for being outdoors and respectful clothing when we are indoors. Mr. Cooper and supervisors reserve the right to determine what is acceptable. Use the school’s dress code as a guide.
8. listen to all instructions from camp staff, school supervisors, and bus driver.
9. only go to areas outlined by camp staff and Mr. Cooper.
10. only go into rooms they are assigned to. Sleeping quarters are for sleeping purpose only. Students can hang out in many other different areas of the camp. **DO NOT GO INTO ROOMS THAT ARE NOT YOUR OWN!!!**
11. **not** go into the general sleeping areas of those of the opposite sex at any time.
12. keep the areas of the camp we use clean. Students will wipe meal tables, pick up garbage, and refrain from making a mess.
13. be respectful of the food we eat. Only take what your are going to eat. Taking smaller portions makes sure everyone gets the same quality of food. There is always more than enough food for everyone as long as we act with a certain amount of elegance and grace.
14. take any concerns to Mr. Cooper directly. Do not confront other students or adults.
15. participate in all activities to the best of their abilities.

Failure to follow these expectations will cause the student to be suspended from an activity or possibly the whole camp. Serious failure could jeopardize a student’s participation in any future trips at Tom Baines School.
What to Bring to Camp:

Music and Instrument
Change of Clothes for Tuesday and Wednesday
Warm jacket for outdoor activities
Warm gloves and head wear for outdoor activities
Hat and Sun Glasses for sun protection
Clothes for sleeping in
Warm footwear for outdoor activities
Footwear for indoor activities
Flashlight
Sleeping Bag
Pillow
Water Bottle
Toothbrush and toothpaste
Towel
Hand/ Body Soap
Shampoo

Other personal health care items

Pain Medication and Prescription Medication- Inside a zip-lock bag labeled with name and dosage (send an extra dose) This will be collected by Mr. Cooper at the first activity after dinner on Day 1. EPI Pens and Inhalers should be kept with the student at ALL times.

It is recommended that all personal items be labeled. The student takes all responsibility for lost or damaged items. If it is valuable and expensive maybe don’t bring it.
What *not* to Bring to Camp:

Anything banned at school: illegal drugs, alcohol, weapons, fire works etc...

Cell Phones are privacy and safety risk

Money, Food, Drinks are not needed

**In Case of Emergency...**

At Camp: We will call the numbers you have provided on the Health Form. EMS is a five-minute drive from the camp. If required you may have to come and pick up your child or meet us at the hospital in Didsbury or Sundre.

At Home: Call 403-465-0299 and I will answer

For Non-emergency: Text 403-465-0299 or Email dgcooper@cbe.ab.ca
Itinerary- Subject to Change

Tuesday April 11, 2017

**Before 8:45 AM:** Come to school with luggage, music, and instrument. Take to storage room. Do not include things you need during the school day or on the bus to camp.

**8:45 AM-3:34 PM:** Go to regular classes.

**3:34 PM:** Take items not coming to Band Camp to your locker. Meet Mr. Cooper in Centre Court.

**3:40 PM:** Load Bus

**4:00-4:30 PM:** Depart for band Camp

**5:00-5:30 PM:** Arrive at Band Camp. Unload Bus

**5:30 PM:** Dinner

**6:30 PM:** Take luggage to rooms. Bring Medications to next activity @ 7:00 PM

**7:00 PM:** Full Band Rehearsal

**8:30 PM:** Snack- Evening Activities

**10:30 PM:** Must be in rooms for the night.

**11:00 PM:** Must be Quiet and Lights Out. Must be in rooms until 7:00 AM
Wednesday April 12, 2017

7:00-8:00 AM: Wake Up

8:30 AM: Breakfast

9:30 AM: Full Rehearsal

11:00 AM: Team Building Activities

12:30 PM: Lunch

1:30 PM: Sectionals

2:30 PM: Team Building Activities

4:00 PM: Sectionals

5:30 PM: Dinner

7:00 PM: Full Rehearsal

8:30 PM: Snack - Evening Activities

10:30 PM: Must be in rooms for the night.

11:00 PM: Must be Quiet and Lights Out.
Thursday April 13, 2017

7:00-8:00: Bring ALL Luggage to Rehearsal Hall before Breakfast

8:30 AM: Breakfast

9:30 AM: Full Rehearsal

11:00 AM: Team Building Activities

12:30 PM: Lunch

1:15 PM: Final Rehearsal

2:00 PM: Depart Camp

3:00 PM: Return to Tom Baines
Directions:
From Highway 22:
Turn west on secondary highway #579 and watch for the sign for Rivers Edge Camp.
Go 5 km and turn north (right) on range road 5.00.
Go 3 km and turn west (left) onto township road 295A.
Go 1 km and turn at your first right.

GPS Coordinates:
N51-31’-35.4”
W114-34’-36.1”
The next 4 pages are to be filled out and returned to Mr. Cooper BEFORE 2:00PM Friday MARCH 24!!!

The LAST two pages are for your records.

THANK YOU!!!
Consent of Parent or Guardian and “Acknowledgement of Risk” for “A” and “B” Off-Site Activity/ies
Corporate Risk Management

PLEASE READ CAREFULLY

STUDENT NAME: ______________________ SCHOOL: Tom Baines School

Select either (A) or (B) by marking an “X” in the box below

(A) □ My child, or I, an “Independent Student” under the School Act (in either case, the “Student”), will be given the opportunity to participate in the program or activity referred to in Schedule B.

OR

(B) □ My child, or I, an “Independent Student” under the School Act (the “Student”), will be given the opportunity to participate in the program and series of off-site activities for the program referred to in Schedule B.

1. As the parent or legal guardian of the Student, I agree on my own behalf and on behalf of the Student (or, as an Independent Student, I agree) to release The Calgary Board of Education (“CBE”), its Trustees, Superintendents, employees, consultants, agents and volunteers (collectively, the “CBE Group”) and the Service Provider(s) of the program or activity named in Schedule B and its /their respective directors, officers and personnel (together with the CBE Group, collectively, the “Releasees”) from any actions, claims, demands, losses, liabilities, damages, costs and expenses (“Losses”) arising from or related to:

   a) the program and activity/ies and any services provided to the Student during the program and activity/ies, except to the extent of Losses arising from the negligence or wilful default of any of the Releasees;

   b) any risks and hazards inherent in or arising from the program and activities, whether foreseeable or unforeseeable;

   c) any delay or failure to perform the program or activity/ies or related services arising due to events beyond the reasonable control of the Releasees, including without limitation, as a result of acts of God, fire, flood, epidemic, earthquake, terrorist acts, acts of war, governmental actions or changes of law; and

   d) transportation of the Student to and from the activity/ies, including in the course of embarking or disembarking from any mode of transportation.

2. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that:

   a) the supervisors and staff of the Service Provider are fully trained and qualified to supervise and direct the activities;

   b) any CBE teacher or personnel accompanying the participants during the program and activities are trained and skilled as applicable;

   c) the location and/or facilities at which the activities are carried out meet applicable health and safety standards;

   d) any equipment made available to the Student by the Service Provider for use in the activity has been inspected by it and is deemed by it to be appropriate, safe, and well maintained;

   e) the Student will be asked to participate in activities during the program or activity/ies that are age and observable skills appropriate; and

   f) the Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.

3. a) I have been provided by the CBE with information about the program and activity/ies, including the general nature of certain foreseeable risks and hazards associated with the program and activity/ies. However I understand any such risks that may have been identified by the CBE do not constitute a comprehensive and exclusive list of foreseeable or unforeseeable risks. I am not relying solely upon such information provided by the CBE and I reserve the right to obtain additional information upon such basis as I determine.

   b) I voluntarily acknowledge and assume on my behalf and on behalf of the Student (or I, as an Independent Student, assume) the risks and hazards, known and unknown, inherent in the nature of or arising from or related to the program and activity/ies and I understand and acknowledge that the Student (or, as an Independent Student), as a participant in the program and activities, may suffer personal and potentially serious injury, illness, property damage or loss due to the foreseeable and unforeseeable risks inherent in or related to the program and activity/ies.
Consent and Acknowledgement of Risk

4. I confirm that the Student (or I, as an Independent Student) shall comply with the CBE’s policies in effect from time to time (as contained on CBE’s website or as otherwise disclosed to me by CBE) and any applicable CBE or school Code of Conduct and the rules of the Service Provider (as disclosed to me) in respect of the program and activity/ies as well with the directions and instructions of the CBE and/or Service Provider(s) with respect to the program and activity/ies.

5. I acknowledge that the failure of the Student (or my failure as an Independent Student) to abide by the CBE and/or Service Provider instructions and directions and with any applicable laws during or related to the program and activity/ies may result in exclusion of the Student (or me, as an Independent Student) from the program and activities, in which event, I, as a parent or guardian will transport the Student (or I, as an Independent Student, will be responsible for departing) from the location of the activities.

6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect the Student’s participation (or my participation as an Independent Student) in the program and activity/ies and I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.

7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for the Student’s safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport the Student (or me as an Independent Student) for emergency medical care, at my expense. Schedule A to this Consent is a Medical Information form that I shall complete, sign and return with this form to the CBE and I warrant that the information contained therein concerning the Student is complete and up to date.

8. I understand that I am responsible for the Student’s (or, as an Independent Student, my) illegal activities arising during the program and activity/ies (including theft, vandalism or using or trafficking in illegal substances or non-prescription drugs).

9. I confirm that this Consent shall be binding upon me and, if I am a parent/legal guardian of a Student, that it shall also bind the other parent or legal guardian of the Student and the Student so that if the other parent or legal guardian or the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, I indemnify the Releasees from any Losses arising therefrom.

10. I confirm that I have had the opportunity to seek independent legal advice prior to signing this Consent.

________________________________________
Signature: (Parent/Guardian or Independant Student)

________________________________________
Print Name

________________________________________
Contact Telephone Number

________________________________________
Date

Updated May 2016
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Schedule A
IMPORTANT - Medical Information

Health Information: (Teacher will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.) Can be typed or handwritten - MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

<table>
<thead>
<tr>
<th>Activity: New Activity</th>
<th>Date(s):</th>
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<tbody>
<tr>
<td>Student Name:</td>
<td></td>
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<tr>
<td>Date of Birth (yy/mm/dd):</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Allergies?</th>
<th>□ No □ Yes Specifics/Severity:</th>
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</thead>
<tbody>
<tr>
<td>Food Allergies?</td>
<td>□ No □ Yes Specifics/Severity:</td>
</tr>
<tr>
<td>Insect Allergies?</td>
<td>□ No □ Yes Specifics/Severity:</td>
</tr>
<tr>
<td>Other Allergies?</td>
<td>□ No □ Yes Specifics/Severity:</td>
</tr>
</tbody>
</table>

Is the student under any form of treatment for an illness, condition or injury? (including Asthma) □ Yes □ No
If "yes", please elaborate. Include activities to be restricted or modified.

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>REASON (OPTIONAL)</th>
<th>DOSAGE</th>
<th>HOW OFTEN?</th>
<th>TIME OF DAY</th>
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Medication storage requirements:

Are there any known side effects to above medication(s)? If "yes", please describe:

Does the student have any psychological or emotional problems? If "yes", please describe:

Are there any recent injuries to be concerned about? If "yes", please describe:

Medical Treatment Restrictions (if any) e.g. blood transfusions:

Dietary Restrictions (if any):

Additional Instructions/Information:

<table>
<thead>
<tr>
<th>Emergency Contact 1:</th>
<th>Emergency Contact 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Home:</td>
<td>Home:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Work:</td>
<td>Work:</td>
</tr>
</tbody>
</table>
In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/Independent Student shall notify the Teacher of the nature of the medication and supports, the timing of self-medicating and any procedures that apply to same.

If the student is registered in a CBE High School, the requirement of teacher/staff supervision of self-medication by the student and of storing medication may be waived by the parent/legal guardian/Independent Student by marking in the box below with an “X”:

☐ I do not wish the CBE, its teachers/staff to store the student’s medication or supervise the self-medication by the student.

Please note that:
1. the provisions contained in this form are subject to the CBE’s Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and

2. the provisions contained in this form further are subject to the applicable school’s Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student’s responsibility and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the Teacher has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the Teacher immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student prior to or during the off-site activity or trip in which the student shall be a participant. I further agree to the following:

a) in the event of a medical emergency involving the student, the Teacher or his/her designates and any applicable CBE personnel or the Service Provider service provider may seek immediate professional medical assistance and CBE may disclose the information concerning the medications and all other relevant personal information concerning the student to professional medical advisors or paramedics as reasonably required; and

b) if the medications are missing or damaged during the course of the off-site activity or trip, I release the CBE and any off-site service provider and its and their respective personnel, trustees, directors, officers, employees, consultants, agents, volunteers and representatives from any claims, actions, losses, damages, liabilities and costs arising therefrom.

Date __________________________ Name (please print) __________________________ Signature (Parent/Legal Guardian/Independant Student) __________________________

Personal information is collected under the authority of Alberta’s Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at (403) 817-7404.

CAN: 20964904.3
## Schedule B: Program/Activity Information

### Teacher In Charge:
Cooper, Danny G

### Service Provider(s):
Rivers Edge Camping Association

### Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location/Destination</th>
<th>Departure (dd/mm/yy)</th>
<th>Return (dd/mm/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Activity</td>
<td>River's Edge Camp</td>
<td>11/04/17</td>
<td>13/04/17</td>
</tr>
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</table>

### Risks/Hazards

<table>
<thead>
<tr>
<th>Source</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>Fire &amp; Evacuation</td>
</tr>
<tr>
<td>Accommodation</td>
<td>Unfamiliar environment</td>
</tr>
<tr>
<td>Accommodation</td>
<td>Unsupervised time in rooms</td>
</tr>
<tr>
<td>Challenge Courses (High/low rope courses)</td>
<td>Collisions with objects and others</td>
</tr>
<tr>
<td>Challenge Courses (High/low rope courses)</td>
<td>Equipment failure</td>
</tr>
<tr>
<td>Challenge Courses (High/low rope courses)</td>
<td>Horseplay</td>
</tr>
<tr>
<td>Challenge Courses (High/low rope courses)</td>
<td>Lightning</td>
</tr>
<tr>
<td>Challenge Courses (High/low rope courses)</td>
<td>Weather conditions</td>
</tr>
<tr>
<td>Eating</td>
<td>Allergies</td>
</tr>
<tr>
<td>Eating</td>
<td>Choking</td>
</tr>
<tr>
<td>Eating</td>
<td>Food poisoning</td>
</tr>
<tr>
<td>Entire trip</td>
<td>Slips, trips and falls</td>
</tr>
<tr>
<td>Entire trip</td>
<td>Getting lost or separated from the group</td>
</tr>
<tr>
<td>Entire trip</td>
<td>Pre-existing medical conditions</td>
</tr>
<tr>
<td>Entire trip</td>
<td>Weather conditions</td>
</tr>
<tr>
<td>Site</td>
<td>Fire &amp; Evacuation</td>
</tr>
<tr>
<td>Transportation - Vehicle</td>
<td>Accidents</td>
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<td>Transportation - Vehicle</td>
<td>Mechanical failure</td>
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<td>Poor Driving Conditions</td>
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<td>Delay</td>
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<tr>
<td>Wall climbing</td>
<td>Collisions with objects and others</td>
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<tr>
<td>Wall climbing</td>
<td>Equipment failure</td>
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<tr>
<td>Wall climbing</td>
<td>Horseplay</td>
</tr>
<tr>
<td>Wall climbing</td>
<td>Inherent risk of activity</td>
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<tr>
<td>Wall climbing</td>
<td>Slips, trips and falls</td>
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<tr>
<td>Wildlife</td>
<td>Animal encounters</td>
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<tr>
<td>Archery</td>
<td>Impalement with arrow.</td>
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<tr>
<td>Outside</td>
<td>Environmental allergens</td>
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<tr>
<td>Location</td>
<td>Condition/Issue</td>
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<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Outside</td>
<td>Horseplay</td>
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<tr>
<td>Outside</td>
<td>Snow and ice</td>
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<td>Outside</td>
<td>Sunburn</td>
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<tr>
<td>Outside</td>
<td>Dehydration</td>
</tr>
<tr>
<td>Outside</td>
<td>Rural Remoteness: EMS response could be affected by poor road conditions.</td>
</tr>
</tbody>
</table>