



CHS Band Program
Matthew Sexauer, Director
sexauermp@chelmsford.k12.ma.us
978-251-5122 ex. 5677

Dear CHS Band Members and Families,

We are so excited to welcome everyone to the CHS Band family! This letter has information about the Band Camp schedule and the early marching season.

REMIND TEXTS:

First, please subscribe to the CHS Band Remind texts and emails. This is a great communication tool for us and you will find it beneficial. Please text @mrsexau to 81010 and follow the prompts.

BAND CAMP:

Chelmsford High School Band Camp will be held from Tuesday, August 21 – Thursday, August 23 at Chelmsford High School. The daily schedule will run from 9:00 AM until 6:00 PM.

- Tuesday, August 21 – Thursday, August 23
- 9:00AM All members meet in the CHS Band Room. Use the driveway that is shared with the Harrington School off of Richardson Road. Take your first right at the stop sign, enter the receiving door, go up one flight of stairs, take a left through the double doors, and follow signs to the band room. CHS Band greeters will be available outside to help guide new members.
- 12:00-12:50PM Lunch Break
- 1:00PM – Rehearsals resume
- 2:50-3:20PM – Break
- 6:00PM – End of daily session

Frequent water and shade breaks will be given during the large portions of rehearsal time. Break times listed above may vary up to 10-15 minutes depending on the pacing of that particular day's rehearsal.

There will be a "First Performance" given by our students on Thursday, August 23, 5:00 PM at CHS (location TBA). All are welcome to attend!



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REMINDERS:

Students should be dressed appropriately for end-of-August weather, and to be prepared for any changes. Students are strongly encouraged to wear sunscreen, and bring extra to re-apply during the day. Hats and sunglasses should also be a top priority. Most importantly, no open-toe shoes! Our marching style does not lend itself to flip-flops, so please wear athletic shoes (sneakers).

Band Camp is always a busy time for our Fall sport athletes. In the event there is a tryout period, please let us know in advance. Go to your tryouts, and join back up with us when you are done! It is vital that all members discuss absences or athletic practices with a Director first (please do not give this information to your section leader alone- it must be told to an adult). Parents can feel free to email us any conflicts as well. Typically the Freshman Orientation happens during that week as well. Students will attend that event and come back to Band when it concludes.

UNIFORM DRY CLEANING AND HEMMING:

This will take place when you receive your new uniform at Band Camp. More information will be given at that time.

WHAT YOU NEED TO SUPPLY ON YOUR OWN:

- A marching lyre for your instrument (local music stores have these!)
- All members need crew cut, plain black socks (socks must come up to your mid-shin).
- It is strongly encouraged that all members purchase their own pair of black Drillmaster Speedster marching shoes. Please see Mr. Sexauer for order forms. If you are unable to purchase a new pair, we have an inventory of pre-marched shoes.
- All members will need their own pair of black marching gloves. We will order them as a group along with the shoes.

Should you have any questions for me, do not hesitate to ask! See you on August 21!

Mr. Sexauer

MEDICAL INFORMATION NEEDED FOR THIS FIELD TRIP

It is the parent/guardian's responsibility to notify the school nurse in advance if the student requires medication administration while on the field trip. This will allow adequate time for the nurse to make arrangements for delegation of medication(s) if necessary. Please note that medication cannot be sent on field trips unless all the appropriate paperwork has been submitted prior to the field trip.

Name: _____ D.O.B. ____/____/____ House: _____

Doctor to be notified in case of severe injury:

MD: _____ Phone # _____

Eye Doctor: _____ Phone # _____

Dentist: _____ Phone # _____

Hospital you prefer in case of an emergency: _____

Name of insurance Provider: _____ Policy#: _____

Current and/or past medical conditions we should be aware of: _____

Recent surgeries and/or doctor's visits we should be aware of: _____

MEDICATIONS

List medication(s) student takes regularly: _____

If student is administered a prescribed medication during school hours, please select one of the following:

- I prefer to omit student's medication for the day of the field trip. (**Medications for allergic reactions may not be omitted**)
- As noted by prescriber and myself, my child may self administer if the child can demonstrate competency.
- I will accompany student as a chaperone and administer his/her medication myself.
- I give permission for a responsible adult (teacher/chaperone) who has been trained by the school nurse to give student his/her medication while on the field trip. (**Over the counter medications, such as Tylenol, Ibuprofen, Lactaid, and Benadryl, etc. cannot be delegated. On day field trips, they will only be given if prescribed by an M.D.**)
- Check box if student has **Asthma. Will they be bringing a prescribed inhaler on the field trip?**
YES _____ **NO** _____
- Check box if student has your permission to carry his/her own *prescribed inhaler*.

ALLERGIES

List any allergies student has: _____

Does this allergy require an Epi-Pen: Yes _____ No _____

I give permission for student to self administer his/her Epi-Pen or other related prescribed medication, in the event of an allergic reaction. Student is aware as to when to administer it and has proven to me and our physician that he/she is knowledgeable in its application. (Parent please initial ____yes ____no)

Student will have this medication on his/her person on the day of any field trip and he/she has been instructed by me to tell the supervising adult if the need arises that it was necessary to administer his/her Epi-Pen. (parent please initial ____yes ____no)

Please note: The nurse can delegate tasks to other responsible school personnel for field trips but the nurse can not delegate assessment skills (i.e., if there is a question that a student, who has been prescribed an Epi-Pen, is having an allergic reaction, then the Epi-Pen will be administered and the emergency services will be summoned). For a student to participate in a field trip, all allergy action plans must have been completed and be on file in the health office.

Signature of Parent/Guardian _____ Date ____/____/____



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Marching Shoes/Gloves Order Form
Due to Mr. Sexauer by Aug. 30

Student Name
(first and last): _____

Grade Level in
September: _____

Parent Email
Address: _____

Parent Cell Phone
Number(s): _____

Size Selection:

Men's: 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 12 13 14 15
16

Women's: 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 12.5 13 14 15
16 17 18

Shoe Order: (please circle) Men's Women's Size: _____ \$24.00

Gloves Order (please check): One Size: _____ \$3.00

Amount Included: \$ _____

All checks should be made payable to: CHS Band Program with "Marching Shoes" in the memo line.

**CHELMSFORD PUBLIC SCHOOLS
FINE AND PERFORMING ARTS DEPARTMENT
INSTRUMENTAL MUSIC DEPARTMENT**

APPLICATION FOR RENTAL OF SCHOOL OWNED INSTRUMENTS

Student Name: _____ Date _____

Street Address: _____ ZIP: _____

School: _____ Grade: _____

Instrument: _____ Make: _____

Condition: _____ Serial #: _____

Issued and inspected by: _____

The fee to rent a school owned instrument is \$50 per school year (\$25 for percussionists for use of in-school percussion equipment). Checks should be made out payable to the **Chelmsford Fine Arts Department**. This non-refundable rental fee must be attached to this application before the instrument is received. The rental period extends from the date of rental to the end of the school calendar. The instrument should be returned or a new rental agreement and fee for the subsequent school year should be returned prior to the last day of school for students.

Instruments should be properly maintained and returned in the same condition in which they were received. If, at any time during the school year the instrument should need repair, please contact your child's instrumental music teacher.

Loss of the instrument or repairs needed beyond those warranted by normal use of the instrument will be the responsibility of the applicant.

All repaired must be approved and completed through the instrumental music staff.

Students renting a school owned instrument must participate in his/her school's instrumental music program, and must attend all rehearsals and performances scheduled during the school year.

Parent/Guardian signature: _____

Date: _____

\$50 / \$25 rental fee attached: _____