



# The Pride of Mayfield

Supporting Our Band Programs District Wide - [Mayfieldbandboosters.org](http://Mayfieldbandboosters.org)  
6116 Wilson Mills Rd. (440)-995-6858  
Mayfield Village, OH 44143 [Noshaben@mayfieldschools.org](mailto:Noshaben@mayfieldschools.org)



HEY JAZZ BAND!!! Sunday, Mar 24th, we will be heading out to Kennywood for their "Turn-Back-the-Clock Day!!!

This trip is for current Jazz Band members. The cost is FREE for our student performers. We do have our bus transportation all lined up and will be departing MHS at 8am. We will meet in the Mayfield High School Band room to get all of our instruments, music, and equipment. Once we're all loaded up, we'll head on out to Kennywood. Upon arrival, we'll have time in the park to enjoy rides. At 1pm, every student will need to report back with Mr. Oshaben in their Jazz performance attire to unload equipment and set up on our performance stage. Our performance will be at 2pm and will be a full hour long. After we perform, we will strike the stage, change back into comfy clothes for the park (if desired), and then enjoy the rest of the day at Kennywood. Parents, don't fear, we staff/chaperones will be having check-ins throughout the day! Students, we will depart from Kennywood at 9:00pm on our bus and arrive back at MHS between 11:15pm and 11:45pm. Students and Parents, DOUBLE CHECK "Things to bring" and "Items to turn in"!!! Lastly, please read the back IN FULL and sign the bottom of this page, acknowledging that you understand the rules, expectations, consequences.

ITEMS TO BRING:

- Performance clothes AND Comfortable clothes/shoes (bring a backpack or track bag and \$5 for a locker in the park)
- Music, instrument, ALL necessary performance materials
- Money for food, money for souvenirs, or money for a locker
- Sunglass, hats, and/or sunscreen
- Cell phones

ITEMS TO TURN IN BY MAY 22ND OR YOU CANNOT GO:

- The bottom of this form, completed
- A completed Emergency MedicalForm (attached)

TICKETS:

- Student Participants are FREE
- Regular price for attendees (\$41.99) - BOGO available at - <https://www.kennywood.com/plan-a-visit/discounts>

CONSEQUENCES: AT THE DISCRETION OF THE DIRECTORS

ANY BAND MEMBER(S) WHO BEHAVE IN ANY WAY THAT VIOLATES ANY SCHOOL, ORGANIZATIONAL, OR PARK RULES WILL RESULT IN THE IMMEDIATE CONTACT TO PARENTS FOLLOWED BY ANY OF THE FOLLOWING:

1. Taken to the front of the park and wait for a ride from a parent.
2. Becoming a Staff/Chaperone's best friend and side-kick for the duration of the day.
3. Have the appropriate action taken by the school administration upon returning from the trip.
4. Be put in the custody of the local authorities for detainment and possible criminal/legal actions.

*Parents - tear and turn in bottom portion, keep top portion*

*Parents - tear and turn in bottom portion, keep top portion*

I and my child have read the information stated above and on the back for this Kennywood Trip and agree to uphold all rules and expectations required. We understand the consequences and will accept the decisions made by the Directors.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Cell

# The Pride of Mayfield

*Supporting Our Band Programs District Wide* - Mayfieldbandboosters.org

6116 Wilson Mills Rd.

(440)-995-6858

Mayfield Village, OH 44143

Noshaben@mayfieldschools.org

## **Basic Trip Rules**

1. All school rules as published in the Student Handbook will apply to the band when it travels on extensive trips. This applies to the district's policies when traveling as a group representative of the school concerning behavior, vandalism, theft, inappropriate media, possession or use controlled substances (including any medicines not listed on the Emergency Medical Form). Appropriate attire must be worn at all times.
2. No inappropriate displays of affection will be accepted.
3. When assigned to do so, students are expected to be with their chaperones.
4. Students are expected to be within the established perimeters of the park at all times.
5. Students will regard any instructions from chaperones. This especially applies to being where they have been asked to be on time. Any questions about directives may be checked with a director.
6. Students will be courteous of park property. Theft, vandalism or any destruction of property will be reported to and handled by the local authorities.
7. Students are to be mindful of the schedule and when they are expected to be somewhere. Allow time to get where you need to be. Keep a watch (if you have one) and cell phone with you and be mindful of time.
8. The school district will not take responsibility for lost or damaged personal materials.
9. Breaking any rules will result in the appropriate consequences and will be enforced.
10. Remember that you are representing you, the band, your school, etc. at all times. Please, have fun, but be respectful.

## **Emergency Medical Form (EMF) and Medications**

1. ALL students must turn in a NEW completed Emergency Medical Form (attached).
2. Please fill out as MUCH information as possible. We'd rather have extra information and papers than not enough.
3. ANY medication MUST be listed on the EMF (including non prescription/over-the-counter meds). We also ask that everyone please label their medications with their name.
4. THERE WILL BE NO SHARING OF MEDICATIONS, PRESCRIPTION OR NON PRESCRIPTION.
5. If a health problem develops, please notify the nearest chaperone or staff member.
6. If the student's medical condition worsens to a point at which he/she cannot physically participate with the group, for his/her benefit, we may contact a parent to come pick up their child. If the condition persists beyond our able care, we will seek local medical treatment (see back of Yellow Emergency Medical form).

## **Phone Numbers to keep for emergency reference:**

Mr. Oshaben

440-497-0185



**INFORMATION CONCERNING STUDENT'S HEALTH**  
(Please Print)

Medical History: \_\_\_\_\_

Allergies (insect, food, medication, etc.) \_\_\_\_\_

Physical impairments that limit mobility \_\_\_\_\_

Medications taken (including dosage and times given): \_\_\_\_\_

Recent Illness \_\_\_\_\_

Last Tetanus shot \_\_\_\_\_

Additional Information \_\_\_\_\_

- **Please Note: If your child would need to take any medication during a 24-hour period of "sheltering in place" please contact your school nurse to discuss this matter confidentially.**

**CHECK PART ONE OR PART TWO AND SIGN BELOW:**

**In the event that reasonable attempts to contact me (or the persons listed on this form) have been unsuccessful:**

**PART ONE: TO GRANT CONSENT**

**I grant consent.** I hereby give my consent for

Kennywood to provide medical treatment if needed.

The transfer of the child to \_\_\_\_\_ the closest hospital relative to the injury sustained \_\_\_\_\_ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. This could also include treatment by EMS onsite.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PART TWO: REFUSAL TO GRANT CONSENT**

**I refuse to grant consent.** I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***I UNDERSTAND THAT I AM RESPONSIBLE FOR KEEPING ALL INFORMATION CURRENT AND CORRECT.***