



The following forms are to be filled out and turned in by May 1, 2024 *with the exceptions of the monthly payment slips.*

ANY forms that are not turned in by June 1st, 2024 at the latest could prohibit your students ability to attend June mini camp, perform in the show opener and prohibit parents from being considered to chaperone band camp.

Forms can be downloaded and filled out by hand and returned using the USPS at:
PO Box 93, Lake Orion MI, 48361

An easier and preferred way to send in forms would be to download the forms packet onto your computer and fill the forms out using a free program like ADOBE Acrobat Reader. Once filled out you can upload them directly to the boosters at

forms@lodragonbands.org

**PARENT/STUDENT
LAKE ORION MARCHING BAND CODE OF CONDUCT**

I have read and understand the code of conduct found on the Lake Orion Bands website for participation in the Lake Orion High School Marching Band/Winter Guard/Winter Percussion/Winter Winds. I understand that I am subject to these expectations and conditions per my participation in the Lake Orion Band Program and any of its extra-curricular programs.

Student Name (printed) _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PARENT FINANCIAL COMMITMENT

I understand the cost associated with my student participating in the competitive portion of the Lake Orion Marching Band and I agree to pay the fee associated with this participation by deadlines outlined in this packet. I understand that if I choose not to pay the required participation fees that my student will NOT be able to participate in summer rehearsals, any competitions (including BOA-Dragon Invitational-or State Finals) or summer band camp. Since marching band is a curriculum class offered at Lake Orion High School, my student can participate in the school portion of the class starting in September and play at accompanying football games and parades ONLY shall I forfeit my financial commitment.

OUTSTANDING BALANCE

I understand that if I fail to pay my students season in full and have an outstanding balance from the previous marching band season or winter season (including Lake Orion Winter Guard, Lake Orion Winter Winds, Lake Orion Percussion) my student will not be able to participate in the competitive portion of the Lake Orion Marching Band. Failure to bring my account up to date prior to the first day of June 2024 will forfeit my student's opportunity to participate in competitive marching band until that time that my payment is received (as long as it is in time for a spot to be written into the show) otherwise they will be able to participate only in the academic portion starting in September 2024.

Parent Signature: _____ Date: _____

PERFORMANCE AND REHEARSAL SCHEDULE CONTRACT:

We have read the 2024-25 LOMB Rehearsal & Performance Schedule on page 8 and agree to its conditions. We will e-mail our planned absences due to vacation or unavoidable commitments using the absence form found on the band website at www.lodragonbands.org between May 1 and June 1, 2024. We will update our absences as necessary.

Print Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

BAND CAMP CHAPERONE

I am interested in chaperoning at band camp. I have attended _____ times previously. No experience necessary. Selected chaperones will be notified no later than June 1, 2024. \$50 fee for meals is due with this form. Fingerprinting must be completed in order to attend.

Please circle one chaperone shirt size: S M L XL XXL (default size = L)

Chaperone name: _____

*Please note: Chaperone decisions are based on certain criteria including but not limited to:

1. willingness to chaperone bus to and from camp
2. volunteers throughout the year and not just for band camp

INSTRUMENT USAGE FEE

I understand that if my student plays a school owned instrument listed below that I am responsible to pay the \$75 instrument usage fee.

- all percussion
- mellophones
- baritones
- sousaphones/contras
- tenor saxophone
- baritone saxophones
- bass clarinets

Covers the cost of maintenance, repair, and mallets. Due by August 1st. If your are unsure if this fee applies to you, contact our treasurer of student accounts at accounts@lodragonbands.org

Parent/Guardian Signature: _____ Date: _____

Flip Folio and Lyre

All students with the exception of Color Guard, drum line, and front ensemble will need to have a Flip Folio and Lyre. Returning students who have a these in good working condition do not need to purchase. All other students will need to purchase these.

*Please make check out to LOMB

Student Name: _____ Flip Folio (\$5) _____
Instrument: _____ Lyre (\$10) _____

*Please indicate if your instrument is a YAMAHA Yes: _____

Required LOMB Apparel Order Form

***not included in marching fees**

Student: _____ Instrument/Section: _____

Parent Cell: () _____ Parent E-mail: _____

***please be aware that the prices for shoes are 2023 prices. Prices may change when we get the 2024 shoe price**

SHOES

For **instrumentalists**, size to be determined at the time of fittings by a Viper representative. Date TBD (may use previous years shoes)

☐ \$44

For **colorguard**, will be coordinated when uniform plan is finalized.

☐ \$40

COLOR GUARD JACKET

Colorguard jacket is required and must be purchased before the beginning of the competitive season. Please watch for updates or email guard@lodragonbands.org for more information

GLOVES

***not for colorguard or front ensemble and percussion**

Black Gloves, **Nubby Grips**

Size will be determined at the time of fitting.

Nubby style often preferred by brass players.

2 pair recommended. **Required** for all woodwind and brass players \$3.00 X _____ = _____

Black Gloves, without **Nubby Grips**

Size will be determined at the time of fitting.

Plain for those who do not like Nubby style.

2 pair recommended. **Required** for all woodwind and brass players \$3.00 X _____ = _____

White Gloves,

Size will be determined at the time of fitting.

Plain for those who do not like Nubby style.

2 pair recommended. **Drum Majors ONLY** \$3.00 X _____ = _____

Make payments out to LOBB. Send check to **PO Box 93, Lake Orion, 48361** OR pay with a credit card with a 3% processing fee using your students CUT TIME account.

UNIFORM CONTRACT

Each student is responsible for the uniform that they are assigned. We firmly emphasize the importance of caring for

these uniforms. The main parts of uniforms are collected after each performance by LOBB volunteers in order to minimize the chances of soiling, damage, or loss. While in possession of their uniform, each student is required to keep all articles in good condition and to promptly return all parts when requested.

Students will be removed from performances if their uniform does not meet performance standards.

This will affect the student's overall grade in the course. Continued violations may result in loss of credit in the class.

The band staff and uniform volunteers will review the entire band before each performance. If the decision is made to remove a student due to an unacceptable uniform, it will be mandatory to have the uniform cleaned (at a cleaner determined by the uniform manager) before the next performance at the student's expense. When not in use, the uniform should be hung properly on the hanger provided.

A garment bag will be provided for storage and travel.

If signed contract has not been received by the time of uniform distribution, the student will not receive their uniform.

Football Uniform -

Jacket:	\$210.00
Pant (Bibber):	\$110.00
Shako & Box:	\$75.00
Plume:	\$35.00
Rain Coat:	\$55.00
Garment Bag:	\$15.00
Color Guard Tunic:	\$70.00

Competition Uniform -

Vest:	\$180.00
Long Sleeved Shirt:	\$50.00
Pant (Bibber):	\$110.00
Shako (Metallic):	\$75.00
Plume:	\$30.00
Cape:	\$50.00
Belt Tassel:	\$50.00
Guard Uniform:	\$200.00

Student: _____

Instrument/Section: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Lake Orion High School Bands

2024-25 Emergency Treatment Information

Student Name: _____ Birthdate: _____

Address: _____

Parent #1 Name: _____ Parent #1 Home Phone: () _____

Parent #1 Cell: () _____ Parent #1 Work: () _____

Parent #2 Name: _____ Parent #2 Home Phone: () _____

Parent #2 Cell: () _____ Parent #2 Work: () _____

Insurance Carrier: _____ Group: _____

Contract #: _____ Plan Code: _____ Coverage #: _____

Name on Card: _____

***** Please attach a copy of your insurance card, front and back sides *****

If you do not have medical insurance, please contact the LOBB at Records@lodragonbands.org to obtain an insurance waiver form.

Emergency Contact Person (other than listed above): _____

Relationship: _____ Phone: () _____

Emergency Contact Person (other than listed above): _____

Relationship: _____ Phone: () _____

Please indicate if your child has any of the following conditions. On the backside, note the action to take if aggravated:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Food/Airborn Allergy _____ |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |

Date of last Tetanus immunization: _____

Medication your child is currently taking: _____

Recent serious illnesses: _____

REQUIRED: Student has been examined by a physician and deemed physically able to participate in LOMB: ☐ Yes ☐ No

Doctor's Name: _____ Phone: () _____

Address: _____

My son/daughter can be given non-prescription medication if needed: ☐ Yes ☐ No

Do not send the physical examination paperwork. Such forms received will be shredded as sensitive documents. We can not store them for your later use.

Delegation of Parent/Guardian Consent:

I, _____, a parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I hereby consent in advance to such emergency medical treatment, including ambulance transport and hospital care, as may be deemed necessary by the certified athletic trainer, administrator or team coach based on the the existing circumstances. I understand it is my responsibility to assume the expenses of such care.

Signed: _____

Print Name: _____

Relationship to patient: _____

Address: _____

Phone: _____ Date: _____

Registration Form

Student: _____ Student preferred name: _____

Address: _____ i.e: Elizabeth = Liz

Parent Name: _____ 2024-25 Grade: 9 10 11 12

Parent Phone: () _____ Parent e-Mail: _____

Parent #2 Name: _____ Parent #2 Phone: () _____

Parent #2 e-mail: _____

Marching Instrument: _____ Color Guard: _____

☐ My student intends to use a school-owned instrument. We will pay the \$75 instrument usage fee by August 1, 2024.

☐ My student is in Color Guard and I will pay the \$40 shoe fee by June 15, 2024 **and** purchase the Color Guard Jacket by July 15, 2024.

☐ Enclosed is \$1100.00 to pay the entire LOMB 2024-25 season fee. I understand that certain payments outlined in the packet are non-refundable.

Credit cards: 3% processing fee when paid using your students CUT TIME on line account

☐ Enclosed is the deposit of \$200. I understand that it is non-refundable.
Credit cards: 3% processing fee using CUT TIME on line account

☐ Enclosed is the second payment of \$180.
Credit cards: 3% processing fee of using CUT TIME on line account

☐ A 3rd payment (\$180) will be paid no later than July 15, 2024.
A 4th payment (\$180) will be paid no later than August 15, 2024.
A 5th payment (\$180) will be paid no later than September 15, 2024.
A 6th and final payment of (\$180) will be paid no later than October 15, 2024.

No refunds given after July 1st, 2024

Credit cards: 3% processing fee using CUT TIME on line account

Questions/Info: Accounts@lodragonbands.org

One STUDENT show shirt is included in the season fee. It is to be worn underneath their uniform.

Please circle size: S M L XL XXL other _____

THIS MUST BE FILLED OUT SO WE MAY ORDER YOUR STUDENTS PRACTICE TEES, SHOW SHIRT, AND PARADE TEE IN A TIMELY MATTER



Camp Henry Band Camp Chaperone Agreement Form



By signing this form you agree to not only abide by the rules set forth by the LOCS district but also by those set forth by Camp Henry.

Per LOCS/LOBB there is to be NO consumption of ANY alcoholic beverages OR illegal substances during the week of band camp Aug 18-24. You may not leave the camp property to drink or partake in any drug use at any time whatsoever as you are always responsible for the children in your care while away at camp.

There is NEVER to be any smoking or vaping while on CAMP property. You may not walk off into the woods out of the sight of children to smoke or vape at any time. If you must smoke or vape you are asked to vacate the property to do so.



Will you be willing to ride a bus to and from band camp? Please circle one:

YES! (you will get priority consideration)
NO.

Will you be willing to chaperone even if your spouse is not chosen?

Please circle one:

YES! A week away from my responsibilities including my spouse is a mini vacation!
NO! Our wedding vows said 'Til Death Do Us Part' so unless one of us is dead, we will be joined at the hip.

I, _____ (please print name clearly)
have read these rules and will abide by these rules while attending band camp. I understand that if caught violating said rules that I may be asked to leave camp immediately and forfeit any future opportunities to chaperone band camp.

Signature: _____ Date: _____

AGREEMENT AND RELEASE OF ALL CLAIMS – ADULT & MINOR PARTICIPANT

In consideration of the granting of permission to participate in activities being conducted in or adjacent to the premises known as Ford Field for the purpose of the:

MICHIGAN COMPETING BAND COMPETITION on November 2, 2024 (the “Activities”)

The undersigned (“You”), being of lawful age, on behalf of You and Your heirs, personal representatives, assigns and anyone claiming through You/him/her, **releases and forever discharges** all participating groups and other persons, including Ford Field Management, LLC, Ford Field Condominium Association, DLI Properties, LLC, DLI Properties, Inc., DLI Parking, LLC, DLI Office Realty, LLC, DLI Entertainment, LLC, DLI Parking Realty, LLC, The Detroit Lions, Inc., Detroit Lions Charities, Detroit Lions Properties, , S.A.F.E. Management, LLC, the City of Detroit and its Downtown Detroit Development Authority, the Detroit/Wayne County Stadium Authority, Wayne County and their respective officers, directors, board members, employees, councilpersons, contractors, and agents (all of the foregoing being collectively referred to as the “Released Parties”), from any and all claims, damages and costs (“Claims”) related in any way to the Activities and/or the Released Parties’ negligence, including, without limitation, any bodily and personal injuries and/or property damage, however caused, to the fullest extent of the law.

You **expressly release and forever discharge** the Released Parties from all Claims arising from or in any way related to Your, or such Minor’s, participation in the Activities. To the extent such waiver and release is unenforceable, You **agree to indemnify and hold the Released Parties harmless** from and against any Claim (including reasonable costs and attorney fees) against the Released Parties for all liability with respect to such Claims. You further warrant that You are the parent or legal guardian of the Minor and have full power and authority to execute this Agreement on his or her behalf.

You **agree not to sue** any of the Released Parties for any matter released under this Agreement and Release of All Claims (“Agreement”) as set forth above and to pay the Released Parties’ attorneys’ fees and costs resulting from a breach of this Agreement by You. You agree that if (i) anyone else sues any of the Released Parties related to your actions while You are on the premises at Ford Field, or (ii) You or any other party brings an action on behalf of a minor child or person accompanying You at the Activities, You will defend, indemnify and hold harmless the Released Parties against all damages, costs and their attorneys’ fees.

You acknowledge that (a) no promise, inducement or agreement not herein expressed has been made to You; (b) this Agreement contains the entire agreement between the parties hereto; (c) this Agreement may not be modified, except in a written instrument signed by an authorized representative of the Released Parties; and (d) if any portion of this Agreement is held invalid, the balance shall continue in full force and effect.

READ THIS AGREEMENT AND RELEASE OF ALL CLAIMS BEFORE SIGNING.

Printed Names of Minors:

Adult – Signature

Adult – Print Name

Date

PAYMENT #1 DUE MAY 15, 2024

STUDENT: _____ INSTRUMENT / SECTION: _____

PHONE: _____ EMAIL: _____

ENCLOSED IS THE 1ST \$200 (NON-REFUNDABLE) PAYMENT FOR THE 2024 MARCHING BAND SEASON.

MAKE CHECKS OUT TO LOBB AND MAIL TO PO Box 93, LAKE ORION, MI 48361 OR PAY BY CREDIT CARD WITH A 3% PROCESSING FEE USING YOUR STUDENT'S CUT TIME ACCOUNT.

NO VOUCHER REDEMPTION THIS MONTH

PAYMENT IS NON-REFUNDABLE

PAYMENT #2 DUE JUNE 15, 2024

STUDENT: _____ INSTRUMENT / SECTION: _____

PHONE: _____ EMAIL: _____

ENCLOSED IS THE 2ND \$180 PAYMENT FOR THE 2024 MARCHING BAND SEASON.

MAKE CHECKS OUT TO LOBB AND MAIL TO PO Box 93, LAKE ORION, MI 48361 OR PAY BY CREDIT CARD WITH A 3% PROCESSING FEE USING YOUR STUDENT'S CUT TIME ACCOUNT.

NO VOUCHER REDEMPTION THIS MONTH

PAYMENT #3 DUE JULY 15, 2024

STUDENT: _____ INSTRUMENT / SECTION: _____

PHONE: _____ EMAIL: _____

ENCLOSED IS THE 3RD \$180 (NON-REFUNDABLE) PAYMENT FOR THE 2024 MARCHING BAND SEASON.

MAKE CHECKS OUT TO LOBB AND MAIL TO PO Box 93, LAKE ORION, MI 48361 OR PAY BY CREDIT CARD WITH A 3% PROCESSING FEE USING YOUR STUDENT'S CUT TIME ACCOUNT.

UP TO \$200 VOUCHER REDEMPTION THIS MONTH

PAYMENT IS NON-REFUNDABLE

PAYMENT #4 DUE AUGUST 15, 2024

STUDENT: _____ INSTRUMENT / SECTION: _____

PHONE: _____ EMAIL: _____

ENCLOSED IS THE 4TH \$180 (NON-REFUNDABLE) PAYMENT FOR THE 2024 MARCHING BAND SEASON.

MAKE CHECKS OUT TO LOBB AND MAIL TO PO Box 93, LAKE ORION, MI 48361 OR PAY BY CREDIT CARD WITH A
3% PROCESSING FEE USING YOUR STUDENT'S CUT TIME ACCOUNT.

UP TO \$200 VOUCHER REDEMPTION THIS MONTH

PAYMENT IS NON-REFUNDABLE

PAYMENT #5 DUE SEPTEMBER 15, 2024

STUDENT: _____ INSTRUMENT / SECTION: _____

PHONE: _____ EMAIL: _____

ENCLOSED IS THE 5TH \$180 (NON-REFUNDABLE) PAYMENT FOR THE 2024 MARCHING BAND SEASON.

MAKE CHECKS OUT TO LOBB AND MAIL TO PO Box 93, LAKE ORION, MI 48361 OR PAY BY CREDIT CARD WITH A
3% PROCESSING FEE USING YOUR STUDENT'S CUT TIME ACCOUNT.

UP TO \$200 VOUCHER REDEMPTION THIS MONTH

PAYMENT IS NON-REFUNDABLE

PAYMENT #6 DUE OCTOBER 15, 2024

STUDENT: _____ INSTRUMENT / SECTION: _____

PHONE: _____ EMAIL: _____

ENCLOSED IS THE 6TH \$180 (NON-REFUNDABLE) PAYMENT FOR THE 2024 MARCHING BAND SEASON.

MAKE CHECKS OUT TO LOBB AND MAIL TO PO Box 93, LAKE ORION, MI 48361 OR PAY BY CREDIT CARD WITH A
3% PROCESSING FEE USING YOUR STUDENT'S CUT TIME ACCOUNT.

SUBMIT REMAINING VOUCHERS THIS MONTH

PAYMENT IS NON-REFUNDABLE