

SCHS Jazz Band Retreat 2025
January 10-12, 2025
Embassy Suites- Troy

Our SCHS Jazz Band Retreat will be held on the afternoon of Friday, January 10, 2025 through Sunday morning, January 12, 2025 at the Embassy Suites in Troy. The student cost of \$150 includes all meals, hotel/lodging costs, clinicians, chaperones, and activities for the duration of the weekend. Payment is due on WEDNESDAY, **December 18, 2024**. Payment can be made via cash, check or charge. Payments can be either dropped off in the music booster box outside Mrs Stan's office or mailed directly to Mr. Singer (1416 Lakeview, Rochester Hill, Mi 48306). Checks should be made out to Stoney Creek Music Boosters. Along with payment student needs to fill out the attached participation form. Parents can also pay via credit card through the booster store at:

<https://squareup.com/store/stoney-creek-high-school-music-boosters>

Please note: this retreat is HIGHLY ENCOURAGED for students looking to be in our jazz band. It will be a special weekend for us to distribute music, work with professional jazz musicians in clinics/sectionals, and strengthen our ensemble skills.

The timeline of the event is:

Drop off/Check in: 4:30 pm, January 10 at Embassy Suites (850 Tower Dr, Troy, MI 48098)

Pick up: January 12, 2025, Performance at 10:00 am

Students will be staying in the hotel, so please pack comfortable clothes and swimming suit for the pool.

Critical Information:

Date: January 10-12, 2025

Location: Embassy Suites, Troy, MI

Food

-All meals provided by Embassy Suites

-NOT PERMITTED TO BRING IN ADDITIONAL FOOD (other than snacks for room)

Chaperones:

-Students must check in with chaperones at specific intervals/check points in schedule

-Cannot leave building unless accompanied by chaperone (Follow Band Camp Protocol)

-Follow Band Camp Protocol at check in:

- Medications
- Luggage inspection
- Copy of schedule for weekend
- Signature on Code of Conduct
- Note if student will be leaving for District S&E

Friday:

-Chaperones arrive at 4pm

-Check in/settled at 4:30pm

-Dinner at 5:30pm

-6:45pm: Rehearsal

-8:00pm: Group Activity/Ice Breaker/Teambuilding

-8:30pm: Free time

-10:30pm: In rooms

-11:00pm: Lights Out

Saturday:

-8:30am wake up/knocks; breakfast

-9:30-11:00am: Sectionals

-11:00: read through/Q&A with clinicians

-12:15: lunch

-1:30-5pm: Full Group workshop (with break in middle)

-5:15pm: Dinner

-6:00pm: Dress Rehearsal/Run Through for Performing Tomorrow

-after completed: free time

-10:30pm: in rooms

-11pm: lights out

Sunday:

-7:30 wake up/pack up

-Bring luggage out of rooms/check out; keep in back of ball room/stored elsewhere

-8:00 breakfast

-9:00am: deposit luggage/sound check

-10:00am: Performance

-11:00am: check out/Departure

NAME:

Grade:

Birthdate:

Sex:

Home:

Cell:

Email:

Address:

HEALTH STATUS

EpiPen: Yes or No Inhaler: Yes or No Diabetes: Yes or No

Health Status: None

Limitations: None

How to Manage Limitations Above: N/A

Notes: No

PARENT INFORMATION:

Name/Phone #/Address

Address: same

Other Parent: Name/Phone #/Address

Address: same

Emergency Contact:

Can be released to:

ALLERGIES:

Medication:

Product:

Environmental:

DIETARY ALLERGIES/RESTRICTIONS

None

Details: N/A

INSURANCE INFORMATION:

Name on Card:

Relationship:

Carrier:

Contract#:

Group #:

Coverage #:

Plan Code:

Employer Company Name:

Date of last Tetanus Shot:

HMO/PPO Emergency Treatment Authorization Number:

PERMISSION TO TREAT: (RIGHT AFTER HEALTH INSURANCE INFORMATION)

While my child is in the care and custody of the Stoney Creek Music Department all efforts will be made to contact the Parent/Guardian before seeking treatment. If a situation arises where treatment is required and contact cannot be made, I hereby give consent.

- 1) to any medical care, diagnosis, surgical procedure, and/or treatment of any type or nature.
- 2) to any dental procedure.
- 3) for admission to any hospital or medical center.
- 4) to the use of any drugs, medication, therapeutic devices or other medicines or items related to the child's health.
- 5) to the power in general to take and authorize all acts with respect to my child's health and wellbeing and to expend all amount in connection therewith the same as I could do. This delegation expires at the end of the school year listed at the top of this registration.

Signature:

Date: