OAK GROVE BANDS

THE SOUND OF GRIZZLY PRIDE

Oak Grove High School
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www.oakgrovebands.com
Mike Howell, Director of Bands
Matt Liner, Director of Bands

March 9, 2022

Students and Parents:

MPA is upon us and we will be working hard this week and next to work-out the final kinks in order to make our performances great. Please find some important info in this letter, including directions from OGHS to the P.E. Monroe Auditorium in Hickory and a permission form that must be signed and returned before the trips. You will also find a form that must be completed *only if the student will be returning to Oak Grove some other way than the activity bus.*

For THURSDAY, MARCH 17th (WIND ENSEMBLE)...

TRAVEL INFO:
Students should eat a good breakfast and come to school as normal. We will have a brief warm-up and rehearsal and then leave OGHS at 11:00am. We will stop along the way for lunch. We will also stop for dinner on the way home. I'd suggest approx. $10 for each meal. The plan is to arrive back at OGHS by 9pm. I realize this will be a long day.

PERFORMANCE INFO:
The WIND ENSEMBLE performs on stage in the Lenoir-Rhyne University Auditorium in Hickory at 4:50pm. There will be a brief sight-reading activity after the performance and I'd expect to be headed home by 6:00pm or so. You are certainly welcomed and encouraged to attend your child's performance! We'd love to have a large number of Grizzly supporters in the audience!

If you will be with us and you'd like to take your child with you after the concert, you MUST remember to complete the form "Student Transportation by Private Vehicle" (last page in the packet). Additionally, you should only complete the permission form for the appropriate trip (WE on 3/17 *or* CB on 3/22).

For TUESDAY, MARCH 22nd (CONCERT BAND)...

TRAVEL INFO:
Students should eat a good breakfast and come to school as normal. We will have a brief warm-up and leave OGHS at 10:00am. We will stop for lunch on the way. I'd suggest approx. $10 for the meal. The plan is to arrive back at OGHS by 6pm. We will stop briefly on the way back at the rest area for a restroom break. Students may get a snack and drink also but we will not be stopping for dinner. I realize this will be a long day.

PERFORMANCE INFO:
The CONCERT BAND performs on stage in the Lenoir-Rhyne University Auditorium in Hickory at 2:40pm. There will be a brief sight-reading activity after the performance and I'd expect to be headed home by 4:00pm or so. You are certainly welcomed and encouraged to attend your child's performance! We'd love to have a large number of Grizzly supporters in the audience!

If you will be with us and you'd like to take your child with you after the concert, you MUST remember to complete the form on the back of the permission slip ("Student Transportation by Private Vehicle").

WHAT TO WEAR for BOTH GROUPS:
Attire for the performance will be CONCERT BLACK.
GUYS: BLACK dress pants and BLACK button-up dress shirt, preferably long sleeved. Black socks and shoes (no other color on the shoes AT ALL). If you don't have solid black shoes, just wear your marching band shoes. IF a necktie is worn, it must be BLACK.
LAIDES: Same as guys OR BLACK dress or skirt and blouse. Black shoes as well.
IF you will not be able to make this happen, let me know asap.

PLEASE RE-READ THE "WHAT TO WEAR" SECTION AGAIN! We had a few "interesting interpretations" of the dress at our Pre-MPA concert. Questions, please feel free to ask.

Remember that I must have a signed permission form for each student or they will not be able to attend the event. Complete the additional form (last page) ONLY if riding home some other way than the bus.

Musically,

Mike Howell

WIND ENSEMBLE (3/17)

Davidson County Schools

PERMISSION SLIP FOR FIELD TRIP

349 Oak Grove High School

Destination:	Lenoir-Rhyne University	Teacher Name:	Mike Howell
Departure:	03/17/2022 12:00:00 PM	Return:	03/17/2022 09:00:00 PM
Mode of Transportation:	Activity Bus		
Additional Information:	Specific Trip Information (including specific times) will be sent along with this permission form.		

Admission Cost: $ _____ Miscellaneous Cost $ _____ Total Cost: $_____

Please fill in the bottom portion and return to school with any payment indicated above

I, the parent or guardian of the student named above, give my permission for my child to participate in the field trip described above.

Name of Student: *(Please Print)*		DOB:	
Name of Parent/Guardian: *(Please Print)*			
Parent/Guardian Physical Address:			
Parent/Guardian contact numbers: (home):	(h):	(w):	(cell):
Alternative emergency contact name:		Relationship to child:	
Alternate emergency contact phone #'s:	(h):	(w):	(cell):

Health Insurance Information (including company and policy/group information): _____

Medical Information and Release

I understand that Davidson County Schools does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance. In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child's physician: _____Physician's phone number _____

Preferred Hospital_____.

I understand that this trip is an optional activity and is not required for credit in any course the student is taking. I also understand that the student's grade in the course, which is related to this trip, will not be affected by my child's participation or lack thereof. The student will be allowed reasonable time to complete all course work as outlined by his/her teachers as a result of being out of class for the above referenced activity.

I do understand that there are always some risks involved in any type of activity which occurs during transportation to and from the activity and during the activity itself. I will emphasize to my child the importance of his/her orderly and cooperative behavior during the trip and activity. I further agree to release and hold the Davidson County Board of Education as well as their employees, administrators, agents, trustees, and board members harmless from any and all liability for any damages or losses, including acts of negligence, incurred by my son/daughter through their participation in this activity.

Please indicate health problems concerning your child. Include any medications, allergies or other instructions:

_____

_____

I have read the information, verified its accuracy, and agree to the statements made above:

_____

Parent/Guardian Name (Print)

_____ _____

Parent/Guardian Signature Date

CONCERT BAND (3/22)

Davidson County Schools

PERMISSION SLIP FOR FIELD TRIP

349 Oak Grove High School

Destination:	Lenoir-Rhyne University	Teacher Name:	Mike Howell
Departure:	03/22/2022 08:00:00 AM	Return:	03/22/2022 08:00:00 PM
Mode of Transportation:	Activity Bus		
Additional Information:	Specific trip information will be provided along with permission form.		

Admission Cost: $ _____ Miscellaneous Cost $ _____ Total Cost: $_____

Please fill in the bottom portion and return to school with any payment indicated above

I, the parent or guardian of the student named above, give my permission for my child to participate in the field trip described above.

Name of Student: *(Please Print)*		DOB:	
Name of Parent/Guardian: *(Please Print)*			
Parent/Guardian Physical Address:			
Parent/Guardian contact numbers: (home):	(h):	(w):	(cell):
Alternative emergency contact name:		Relationship to child:	
Alternate emergency contact phone #'s:	(h):	(w):	(cell):

Health Insurance Information (including company and policy/group information): _____

Medical Information and Release

I understand that Davidson County Schools does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance. In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child's physician: _____Physician's phone number _____

Preferred Hospital_____.

I understand that this trip is an optional activity and is not required for credit in any course the student is taking. I also understand that the student's grade in the course, which is related to this trip, will not be affected by my child's participation or lack thereof. The student will be allowed reasonable time to complete all course work as outlined by his/her teachers as a result of being out of class for the above referenced activity.

I do understand that there are always some risks involved in any type of activity which occurs during transportation to and from the activity and during the activity itself. I will emphasize to my child the importance of his/her orderly and cooperative behavior during the trip and activity. I further agree to release and hold the Davidson County Board of Education as well as their employees, administrators, agents, trustees, and board members harmless from any and all liability for any damages or losses, including acts of negligence, incurred by my son/daughter through their participation in this activity.

Please indicate health problems concerning your child. Include any medications, allergies or other instructions:

_____

_____

I have read the information, verified its accuracy, and agree to the statements made above:

_____

Parent/Guardian Name (Print)

_____ _____

Parent/Guardian Signature Date

COMPLETE ONLY IF NOT RIDING ACTIVITY BUS BACK TO OG.

Davidson County Schools

Parental Agreement: Student Transportation by Private Vehicle

Preface: The Davidson County Board of Education recommends utilization of school/activity bus(s) which meet Federal Safety Guidelines as transportation to and from school-sponsored activities.

With principal approval, if student participants total fewer than nine (9), parent drivers may be permitted to transport participants to the school-sponsored activity if participant parents agree and this disclaimer is signed and returned prior to the activity.

Parental Disclaimer ~

I herein agree to accept the responsibility for the transportation of my child to/from the above referenced activity. I understand that my child's participation in this activity is not mandated by the school system. I will either drive a personal vehicle or will allow my child to ride to the activity in a private vehicle. I also understand this agreement, in effect, specifies the driver, (and their insurance carrier) as primarily responsible for the safety of my child(ren) being transported in this vehicle.

Sign below as appropriate ~

_____ _____/_____/_____

Parent/Driver Date

_____ _____/_____/_____

Parent/Non-Driver Date

For School Use Only.

Received by:

Event Sponsor: _____ Date: _____/_____/_____

Principal/Designee: _____ Date: _____/_____/_____