

Get
Into the Blue
Clovis Area
Elementary Color Guard
Open to all 3rd – 6th graders

Gettysburg
Sierra Vista

Cedarwood
Weldon

Clovis Elementary
Red Bank

Jefferson
Mickey Cox

Starts October 4, 2010

- **Learn a sport that is a form of dance and movement**
- **Everyone is welcome! No experience necessary!**
- **We will teach you everything you need to know**

For more information please email
Mrs. Rocha Lozano at
EsmeraldaRochaLozano@cusd.com
or visit www.clovishighband.com

Into the Blue

Clovis Area Elementary Guard

Open to all 3rd-6th graders in the Clovis Area Elementary Schools

Red Bank

Sierra Vista

Cedarwood

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Clovis Elementary

Mickey Cox

Jefferson

Gettysburg

Meeting Times/Location: *Clovis High School Band Room (N21)*

-Every Monday & Wednesday from 6-7:30 pm

-October 4, 2010 – April 2011

Season Starts: Monday October 4, 2010

-5:45 p.m. Check in & Registration in room N21 (CHS Band Room)

-6:00-7:30 Parent Meeting in Room E02 while students rehearse

Additional Rehearsal Times:

-October 9, 2010- 9a.m. – Noon (Sat)

-December 20, 2010- 6pm – 7:30 p.m. (Mon)

-January 15, 2011- 9a.m. – Noon (Sat)

-February 5, 2011- 9a.m. – Noon (Sat)

-December 11, 2010- 9a.m. – Noon (Sat)

-January 3, 2011-6p.m. – 7:30 p.m. (Mon)

-January 22, 2011- 9a.m. – Noon (Sat)

Will not meet on the Following dates:

-November 22-26 - (Thanksgiving Break)

-Jan 17, Feb 7, Feb 21-(President Holiday's)

-December 21-Jan 2 -(Winter Break)

-April 19-25 - (Spring Break)

Performances:

-October 15, 2010 Football Game at CHS

*CHS/Clark/Elementary Guard Night

-December 4, 2010 Clovis Electrical Parade

-5 SJVCGPR Show (Exhibition)

*Jan 28, Feb 11, Feb 25, March 11, & March 25

-Clovis Area Parent Night (First or Second week in March)

-Rodeo Parade or Color Guard Recital in April – TBA

Instructional Staff:

Into the Blue Director: Mrs. Esmeralda Rocha Lozano

Into the Blue Color Guard Instructor: Rachel Wyrick Stratton and Luz Hernandez

Into the Blue

2010-2011 Clovis Area Elementary Color Guard Financial Planning Guide

The Clovis Area Elementary Program is very dependent on the contributions and fundraising of the participating students and their families. We make every effort to keep our expenses down while providing the best possible experience for all students.

In an effort to create the inaugural 2010 Clovis Area Elementary Color Guard Program our estimated budget for the year is \$6,500. This budget is used to cover the following 2010-2011 program expenses.

- Show Visual & Drill Design
- Instructional Staff
- Supplies (Flags, poles, tape, etc.)
- *School Issued Performance Uniform
- *Entry Costs for all Parades & Exhibitions
- *Choreography

We estimate that 20 students will participate in the Clovis Area Elementary Color Guard Program and that our overall fair share contribution goal breaks down to an average of approximately \$325 per student for the entire school year. We understand that in these tough economic times that contributing that much money may be impossible for some of our participating families. Consequently, as is the case for all CUSD District programs, participation in Clovis Area Elementary Color Guard is open to anyone grades 3 through 6, as well as a student attending a Clovis Area Elementary School. This is in no way associated with or contingent upon any contribution by the student or family.

We ask that each participating member and their family pledge as much as they can towards the program, while considering other contributions that you may have or are intending to make to our program.

As you consider your pledge amount, we are pleased to offer the following:

Contributions of \$325 or more will receive the following:

One (1) Free "Into the Blue" Color Guard t-shirt

Contributions of \$375 or more will receive the following:

One (1) Free "Into the Blue" Color Guard t-shirt

One (1) Free "Into the Blue" Color Guard Sweat shirt

Contributions of \$450 or more will receive the following:

One (1) Free Clovis "Into the Blue" Color Guard t-shirt

One (1) Free Clovis "Into the Blue" Sweat shirt

Two (2) Free SJVCGPR season pass good for entrance to all five (5) SJVCGPR Shows

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2010-2011 Clovis Area Elementary Color Guard Member/Family Pledge Form

Performer Name: _____

After considering the Clovis Area Elementary Color Guard Program, the budget, our current financial situation, as well as any other additional contributions we have or will be making to the Program (please indicate your choice below):

We agree to pledge the following total fair share contribution pledge for the
2010-2011 Clovis Area Elementary Color Guard Program:

\$ _____

Please indicate a timeline for which you can commit your pledge by choosing one of the following:

- (A) _____ We will contribute the full pledged amount by Wednesday, November 10th, 2010
- (B) _____ We will contribute the full pledged amount in equal payments over four (4) months:
October 11th • November 10th • December 15th * January 12th
- (C) _____ We will contribute the full pledge amount in equal payments over six (5) months:
October 11th • November 10th • December 15th • January 12th • February 9th
- (C) _____ We will contribute the full pledged amount in equal payments over six (6) months:
October 11th • November 10th • December 15th • January 12th
• February 9th • March 9th
- (D) _____ We will contribute the full pledged amount based on the following payment plan:

• Please note that we will use the Clovis High School Charms Office Assistant for the tracking of all contributions/pledges based on the information indicated on this form. Information can be found at www.clovishighband.com

Print Parent or Guardians Name: _____

Parent Cell Phone #: _____ Parent Home #: _____

Parent Signature _____ P Email: _____

Student T-shirt Size: Y-small Y-medium Y-Large A-small A-medium A-Large

Student Sweat Shirt Size: Y-small Y-medium Y-Large A-small A-medium A-Large

This form is due to Mrs. Stratton or Mrs. Lozano by October 25, 2010

*We sincerely appreciate your support of our students and the Clovis Area Elementary Color Guard program.
We are excited to see a new and exciting program come to life!*

Into the Blue

CLOVIS AREA ELEMENTARY GUARD REGISTRATION FORM

This form is to be completed by student/parent/guardian and turned into the director in order to participate in the Clovis Area Elementary Color Guard. Please print or type the following information:

Student's Name _____
Last First MI

Mother/Guardian Name _____
Cell phone _____

Father/Guardian Name _____
Cell phone _____

Address _____
Number/street city zip Home phone

Mother's Email _____
(Please print clearly)

Father's Email _____
(Please print clearly)

Student's Email _____
(Please print clearly)

Student School ID Number _____ Student's Cell Phone (Optional) _____

Please Circle Current Elementary School:

Red Bank Sierra Vista Clovis Elementary Cedarwood
Gettysburg Mickey Cox Weldon Jefferson

Please Circle Current Grade Level: 3rd 4th 5th 6th

List any related activities (gymnastics, dance, cheer, all-star teams, leadership, etc.)

I hereby give my child permission to participate in the 2010-2011 Clovis Area Elementary Color Guard.
If needed, I will provide proof of residence within the Clovis High Area Boundaries.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY PROCEDURE CARD
Clovis Unified School District

Form 1S
Revised 07/07

****NOTE: This card must be completed and signed by the student's Father, Mother or Guardian****

SID# _____ Grade _____ Room/Counselor _____

STUDENT'S NAME _____ Student's Birthdate _____ Male Female
Last Name First Name Middle Name

HOME ADDRESS _____ Home Phone _____
Street City Zip

E-MAIL ADDRESS _____

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT

1st Contact _____ Home Phone _____ Work Phone _____
Name of Father, Mother or Guardian (please circle one)

Place of Employment _____ Work Hours _____ Cell Phone/Pager _____

2nd Contact _____ Home Phone _____ Work Phone _____
Name of Father, Mother or Guardian (please circle one)

Place of Employment _____ Work Hours _____ Cell Phone/Pager _____

3rd Contact _____ Home Phone _____ Work Phone _____ Cell Phone/Pager _____
Name of Step-Father or Step-Mother (please circle one if applicable)

4th Contact _____ Home Phone _____ Work Phone _____ Cell Phone/Pager _____
Name of Other Relative or Neighbor (please circle one)

MEDICAL INFORMATION This student has the following health condition(s): *(Check all that apply to this student.)*

<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Epilepsy/Seizure Disorder	<input type="checkbox"/> Medication Allergy	<input type="checkbox"/> Serious Accident
<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Asthma (under Dr. care)	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Bleeder	<input type="checkbox"/> Other _____		

School nurse may notify school personnel of medical concerns of any checked (✓) information.

Parent/Guardian signature: _____

CONTINUING MEDICATION REGIMEN FOR NONEPISODIC CONDITION: REQUIRED NOTICE TO SCHOOL EMPLOYEES (Ed. code 49480)

The parent or legal guardian of any public school pupil on a continuing regimen for a nonepisodic condition, shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

IF YOUR CHILD IS TAKING MEDICATION REGULARLY, FILL OUT THIS SECTION

My child _____ is taking _____
Name of Child Grade Name of Drug Dosage

ordered by _____ The school nurse may confer with the doctor and notify school personnel regarding the child's condition and the effects of this medication when necessary.
Name of Supervising Physician Telephone Number

▶ **SIGNATURE OF PARENT OR GUARDIAN** _____ **DATE** _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of _____, a minor, hereby authorizes the principal or designee into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given pursuant to the provisions of Section 6910 of the California Family Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Clovis Unified School District, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that the Clovis Unified School District does not provide medical or accident insurance for students for school related injuries. I have received and read the student accident insurance information sent home for my child.

I authorize the release of medical information by the school district to its billing agency and to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only. YES NO

Family Physician: _____ Telephone _____ PLEASE CHECK ONE:
Health Insurance/MEDI-CAL: _____ My child is currently insured. I will insure my child.
Group/Policy No./MEDI-CAL ID No.: _____ I choose not to insure my child.

▶ **SIGNATURE OF PARENT OR GUARDIAN** _____ **DATE** _____

The signature on this card of the parent or guardian acknowledge receipt of Notice of Rights of Parents or Guardians of Minor Pupils pursuant to Education Code Section 48980; Board policies regarding Student Records and Sexual Harassment; and of letters regarding Emergency Procedures and Asbestos Management.

Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.
Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

Revised 03/08