



Massachusetts Lions All-State Band



Information Guide & Application - 2024-2025

**APPLICATION INCLUDING FEES DEADLINE DATE
2/28/2025**

NO APPLICATIONS WILL BE ACCEPTED AFTER 3/14/2025 UNLESS APPROVED BY Kristine Shanahan

Where is this? When is this?

- Registration/Check-in:** Thursday, April 24, 2025. Students are to arrive between 10am-11am. DoubleTree by Hilton, Leominster, 99 Erdman Way, Leominster, MA 01453 978-534-9000
- Lodging:** Lodging for 2 nights. The students will have some down time to study, relax, have fun, and meet new friends. Students can be picked up on Saturday afternoon after their public performance (approximately 4:30 pm) which is also being held at South Community High School, 170 Apricot St, Worcester, MA
- Room Assignments:** Rooms will be assigned by gender assigned at birth and age. Students will be assigned 2 to 4 per a room. Students may select up to three roommates. All roommates must be listed on each students applications and parent/guardian must approve roommate selection. Single room assignments maybe made in advance for additional fees and based on availability. WiFi is provided in all rooms.
- Meals:** All meals and snacks will be provided except no breakfast on Thursday April 24, 2025 and no Dinner on Saturday April 26, 2025. If you have dietary restrictions, please let us know as soon as possible so we can make the proper arrangements for you. **THIS VERY IMPORTANT SO THAT HOTEL FOOD SERVICES CAN PLAN ACCORDINGLY.**
- Practice Dates:** Thursday, April 24, 2025 through Saturday April 26th, 2025. Students will need to arrive between 10am-11:00am on April 24, 2025 for registration
- Performance Dates:** Saturday April 26th, 2025 – 2:00 pm (Performance open to the general public) Tickets go on sale March 1st, 2025.
- Performance Location:** South Community High School, 170 Apricot St, Worcester, MA

Cost:

FEES	Postmarked by 2/28/2025	Postmarked after 2/28/2025
Student	\$100	\$125
Sponsoring Club	\$400	\$450

Supervision of Students:	The staff to student ratio is approximately 10:1. All staff (including the Band Director, and Band Conductor and part-time nurse) has passed a CORI background check, and all are Lions in good standing with their clubs. There will be on-duty staff from the wake-up call in the morning until well after lights out. Chaperones are in attendance at all times.
Medical:	In addition to the staff, we try to have a certified nurse available. Upon check-in prescribed medication that will need to be administered by a nurse will be collected by an on duty Nurse. All medications must be in their original bottle. Permission to administer over the counter medication will also be available. Medication forms for self administered medications will also need to be completed and given to the Nurse upon check in.
What to Bring:	<p>Bring ALL your instruments in good condition. Percussion, please bring your own sticks and mallets. The percussion instruments for the concert will be provided. Flutes - please bring your piccolo if you play it. You will also need a music stand labeled with your name. Directors will reach out prior to attendance through email if alternative instrument is requested.</p> <p>All lodging, meals, transportation, and event costs are provided. Your child may want to bring some additional pocket money for snacks, but we encourage them not to bring large sums of money or valuables. All State Band will not be responsible for any bills incurred beyond the basic meals and lodging (i.e. Room service, etc) or any lost items.</p> <p>Students will have some down time to enjoy hotel amenities. Hotel does have a pool and fitness center. Students should bring proper attire if they might use these facilities. Hotel will provide towels.</p> <p>Please bring all your own toiletry items. The hotel provides hair dryers in all rooms.</p>
Clothing:	**All students must bring the following**
Concert Attire:	Concert Black: black dress pants, black button down shirts, Black Blouse, Black Skirt, black socks or hosiery, black dress shoes or heels. Students may wear a tie or scarf in their school colors. Proper concert attire must be worn for concert participation.
Rehearsal Attire:	Informal and comfortable wear is encouraged for rehearsals, meals, and free time. Temperature of rehearsal and other hotel spaces may vary.
Luggage:	Please limit to one backpack, 1 suitcase and instrument & music stand.
Personal Automobiles:	Personal vehicles may be driven to the hotel for registration and to the concert on Saturday departure. No further use of vehicles will be permitted.
Cell Phones:	Cell phones will be allowed but must be turned off during rehearsals and concerts.
Jazz Band/Concert Band	Students can choose to be part of concert band, jazz band or both. Directors reserve the right for auditions for chair/part and solo positions.
Concert Music:	Will be provided at first rehearsal.
Rehearsals:	Plan to have multiple rehearsals each day. Students will be given breaks and leisure time but should plan on rehearsing an extensive portion of each day. Students will only be returning to rooms as a group at designated times.
Name Tags:	All students will be given a name tag and must be worn at all times. This is your entry for meals and other activities. Staff will also be wearing name tags for easy identification by students.
Lights out/Wake-up:	Lights out will be 11pm. Students are expected to remain in rooms. Staff may check rooms and will be in hallways during lights out. Staff will give morning walk-up calls.

- Prohibited Items:** No alcohol/drugs and weapons on premises. Any student caught in possession of drugs/alcohol will be expelled from the program. Parents will be called and will need to make arrangements for transportation. Any person suspected of being under the influence will be screened by a nurse and if found to be under the influence will be expelled from the program. School and the Band Director will be notified as you are also representing your school district.
- Conduct:** Any student may be expelled from the band at any time for conduct unbecoming a member of the Massachusetts Lions All State Band. In the event of expulsion, the parent(s) or guardian(s) will be notified. The family will then be responsible for arranging transportation home. The School and Band Director will be notified as you are also representing our school.
- Promptness:** We are a large group and have limited time together. It is greatly appreciated to be on time for all activities, rehearsals and meals to keep everything running smoothly.
- Pick-Up:** Students will be picked up from South Community High School, 170 Apricot St, Worcester, MA. Pick time is after public performance on Saturday April 26th, 2025, approximately 4:30pm..
- How to get in touch:** **Contact All State Band Committee Chair, Kristine Shanahan either by text or call at 774-571-0994. Contact the Hotel and ask for All State Band staff member.**
- Band Committee Information:**
MD 33Y: PDG Greg Prentice liongreg33y@aol.com P: 413-923-2397
MD 33A: Marilyn Holway lionsroar821@gmail.com P:978-503-2269
MD 33N:
MD 33K: 2VDG Kristine Shanahan shanahan_24@hotmail.com P: 774-571-0994
PZC Bonnie Biederman bonnieb6662@gmail.com P: 508-208-8666
MD 33S: Lion Nathan Garran nathangarran@gmail.com P: 774-392-3689

Massachusetts All State Band
“Serving the Youth of Today and the Lions of Tomorrow”

2024-2025 Student Application

Lions District MD33: <input type="checkbox"/> Y <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> K <input type="checkbox"/> S	Club Name: _____
Club Contact Name _____	Club Contact Phone: _____
Club Contact Email: _____	

Student Name _____	Name for Badge: _____	Age: _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____	T-Shirt Size: _____	Grade: _____
Student Address: _____		
Phone: _____	Email: _____	
Dietary or Physical Restrictions: _____		
Parent Name: _____	Phone: _____	Work Phone: _____
Parent Email: _____		
Parent Address if different from student: _____		

School Name: _____	Principal Name: _____
School Address: _____	
Music Director's Name: _____	Phone: _____
Music Director's Email: _____	
Band Application: Concert Band <input type="checkbox"/> or Jazz Band <input type="checkbox"/> or Both <input type="checkbox"/>	
Primary Instrument: _____	Secondary Instrument: _____
Other Instruments: _____	
Current Part/Chair for Concert Band: Part _____	Chair: _____
Part/Chair for Jazz Ensemble: Part: _____	Chair: _____

Have you participated in District Concert Band <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, how many years? _____
Have your participated in District Jazz Band: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many years? _____
Have you participated in All State Band: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many years? _____
Have you participated in All State Jazz Ensemble: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many years? _____

Have you had private instruction on your instrument? Y N If Yes, how many years? _____

Current Private Instructor Name: _____ Phone: _____

List Any Music Awards you have received: _____

List Other Music organizations you have participated or are a member: _____

Roommate Requests: you may select up to three roommates. Each roommate must also select you and the others. Please list first and last name and school they attend. If you do not choose a roommate, you will be matched with a student from another school based on age and gender.

1.	2.
3.	4.

The above student is recommended for the 2024-2025 Massachusetts Lions All State Band and has permission to attend all rehearsals and concerts starting at 10am on April 24, 2025 and concluding 4:30 pm on Saturday, April 26, 2025 at approximately 4:30pm. Parent/guardian signature below confirms participation as well as agreement of room mate selection.

Parent Signature: _____ Date: _____

Music Director Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Sponsoring Club Signature: _____ Date: _____

Mail or email completed applications to: Kristine Shanahan
 6 Royal Court
 Franklin, MA 02038
shanahan_24@hotmail.com

Checks Payable to: MD 33 LIONS

All State Band Health Information

This form must be completed for our in sire medical nurse. At the conclusion of the event, information will be shredded.

First Name: _____ Last Name: _____ Date of Birth: _____
Street Address: _____ Unit/Apt/floor: _____
City: _____ State: _____ Zip: _____
Mother/Guardian Name: _____ Father/Guardian Name: _____
Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

Emergency Contact Information

If not available in an emergency, notify:

Name Relationship: _____ Phone: _____

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide health care personnel with the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to health personnel upon a participant's arrival. Provide complete information so that the nurse can be aware of your child's needs.

ALLERGIES: List all known medical and food allergies.

SPECIAL DIET: If your child requires a doctor prescribed diet, please indicate diet and reason below.
(Please attach sample menu or special food list.)

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring only medicines that require prescriptions. We will administer the non-prescription medications to students upon their request or instruction from parent/guardian. Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis

This person takes medications as follows:

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #3: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #4: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Please attach an additional page if additional medications are taken

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the participant:

1. Have a chronic or recurring illness/condition? Y___ N___	11. Have a history of bedwetting? Y___ N___
2. Ever been hospitalized? Y___ N___	12. Ever had high blood pressure? Y___ N___
3. Have frequent headaches? Y___ N___	13. Ever been diagnosed with a heart murmur? Y___ N___
4. Ever had a head injury? Y___ N___	14. Ever had back problems? Y___ N___
5. Ever had frequent ear infections? Y___ N___	15. Wear glasses, contacts or protective eyewear? Y___ N___
6. Ever passed out during or after exercise? Y___ N___	16. Have orthodontic appliances been brought to camp? Y___ N___
7. Ever been dizzy during or after exercise? Y___ N___	17. Have any skin problems? (itching, rash, acne, etc.) Y___ N___
8. Ever had chest pain during or after exercise? . . Y___ N___	18. Have diabetes? Y___ N___
9. Ever had seizures? Y___ N___	19. Ever had an eating disorder? Y ___ N ___
10. Have asthma? Y___ N___	20. Have emotional difficulties for which professional help was sought? Y ___ N ___

Please explain any "yes" answers, noting the number of the questions.

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Please give most recent immunization dates for the following:

Tetanus _____ MMR _____ Hepatitis B _____ Polio _____ DPT Series _____ Varicella(chickenpox)_____

Explain any restrictions of participation in full camp program/activities:

Name of participant's pediatrician or family doctor: _____

Office Phone: _____ Address: _____

Insurance Information:

Insurance Company: _____ Policy #/Group #: _____

Insurance Address: _____

Name of Insured: _____ Relationship to participant: _____

Parent/Guardian Authorization:

This health history is correct and complete as far as I know. I agree to notify the Lions All State Band if any change occurs in my child's medical condition before arriving. The person herein described has permission to engage in all band activities except as noted above. I hereby give permission to the Band Nurse to provide routine health care, administer prescribed medications and seek emergency medical treatment. I give permission to the Band Nurse and Band staff to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the band to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release the Lions All State Band and its staff from all liability for any injury or illness incurred during the event.

Signature of parent/guardian _____ Date: _____

Printed Name: _____ Date: _____

Student Name Printed: _____ Date: _____

Student Signature: _____ Date: _____

Massachusetts Lions All State Band Medication Orders

To be Completed by Licensed Prescriber (One form per medication)

Student Name _____ DOB _____ Grade _____
Diagnosis _____
Medication _____ Dosage _____
Route _____ Frequency _____
Specific Directions _____
Date of Order _____ Discontinue Date _____
Special side effects, contraindications or possible adverse reactions to observed for:

Consent for self-administration (provided the nurse determines it safe and appropriate) Yes _____ No _____
Other medical conditions _____ Allergies _____

Signature of Provider _____ Date _____

Print Name of Provider _____ Telephone Number _____

Written Parent/Guardian Consent

As a reminder, all prescribed medications are to be in their original container, clearly marked with the name of the medication and the amount to be given. Parents must bring in all prescribed medications. Medications must be locked in the nurse's medicine cabinet during event hours. Students are not allowed to carry any medications on them during event hours. Exceptions to this rule must be specified in writing by a physician.

Name of Parent/Guardian _____ Tel. Number _____

I give my permission to have the nurse, or designated personnel, give the following medication
_____ to my child.

I give permission for my child to self-administer medication if the nurse determines it is appropriate.
Yes _____ No _____

I give the nurse permission to share with appropriate personnel information relative to the prescribed medication.
Yes _____ No _____

I understand that the medicine will be returned on Saturday during pick up. Termination of this order will conclude at the end of the event on Saturday April 20th, 2024.

Parent/Guardian Signature

Date

OVER THE COUNTER MEDICATION PERMISSION: MUST BE COMPLETED FOR ALL STUDENTS

Student's Name: _____ DOB: _____

I understand that the All-State Band Health Policy requires special permission for the use of any medication by students during the duration of the All-State Band Event.

Listed below, are standard OTC medications to be administered by the Nurse if require.

Please indicate which of the following medications your student may take: (please circle below)

- | | | |
|--|------------------------------|-----------------------------|
| Acetaminophen 325mg, take 1 – 2 tablets every 4-6 hours for pain, fever: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ibuprofen 200mg, take 1-2 tablets every 6-8 hours for pain, fever: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Benadryl 25mg 1-2 capsules every 6-8 hours, for allergic reaction: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antacid 1- 2 tablets every 4 hours for stomachache: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hydrocortisone cream, Calamine lotion and Antibiotic ointment, as needed: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Covid Testing: | | |
| Permission for student to self-administer a rapid COVID test, if symptomatic:
and the nurse's discretion. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN FOR ALL STUDENTS:

Parent/Guardian Signature:

Date:

AUDIO-VISUAL LIKENESS RELEASE FORM
MASSACHUSETTS ALL STATE BAND AND MD 33 LIONS

Student Name: _____ Date: _____

Description of Material: Video and photographs starting from April 24th, 2025, though April 26th, 2025 of performances, rehearsals, awards and activities.

For the value received and without further consideration or compensation to me, I hereby authorize the Massachusetts Lions All State Band and its affiliates and licenses to use (in whole or in part) the material described above, including all audio-video footage and photographs taken of me and/or recordings made of my voice and/or written extraction of such recordings for the purposes of illustration, broadcast, transmittal, display or distribution in any manner throughout the world in all media.

I release the Massachusetts Lions All State Band and Lions of MD 33 and its licensees from claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, of infringement of moral rights, rights of publicity pr copyright.

I have read and understood this agreement and I am over 18.

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

Student Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Consent: Students under the age 18

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Address: _____ City: _____ State: _____ Zip: _____