

November 4, 2022

Dear Parents and Guardians:

The Lake Braddock Band is going on a field trip for the Smoky Mountain Music Festival. This letter will provide you with the necessary details of the field trip and what steps you need to take for your child to attend.

DATES: April 12th-16th, 2023

LOCATION: Gatlinburg, Tennessee; Pigeon Forge, Tennessee

Sample ITINERARY: (we will share update before traveling)

Wednesday, April 12th

Luggage Check – Students will check in 3 items:

- (1) Suitcase
- (2) Carry-on Bag in the Little Theatre
- (3) Instruments in the Recital Hall

8:15pm Concert 2 and 3 Check-in

8:30pm Concert 1 Check-in

8:45pm Symphonic Check-in

9:00pm ALL Students will meet in the band room

Charter Buses depart Lake Braddock Secondary School at 10pm. Overnight on the bus. We will not get off the bus until we arrive at breakfast.

Thursday, April 13th

7:00 am - Arrive in Gatlinburg, TN

Log Cabin Pancake House (breakfast included)

9:30am-1:00pm - Ober Gatlinburg

All students will walk to the tram together (Traffic Light 9) and enjoy the rides and fun at the top of the mountain.

1:00pm-3:00pm - Exploring Downtown Gatlinburg

Check-in with chaperones at the bottom of the tram to form groups for exploring downtown Gatlinburg. Lunch in town on your own.

4:30pm - Check-in at Buses for Dinner

Arrive at the Black Bear Inn (buses are parked here) to depart for dinner.

5:00-8:00pm - Dinner at the Dixie Stampede dinner show (Pigeon Forge, TN)

9:00pm – Return to Black Bear Inn

11:00pm – Room Check / Lights Out

Friday, April 14th –

7:00am - Breakfast provided at the Black Bear Inn

8:15am – 10:00pm – *Ensemble performance times will be provided in April. Each student will have the opportunity to experience the National Park tour and Aquarium during the day, working around the ensemble times.

Bus Tour of the Smoky Mountains to Clingman's Dome at Great Smoky Mountains National Park

Tour of the Ripley's Aquarium of the Smokies

Band Performances
Guard Competition
Performance Clinic after the performance
(Band performances, clinic, and guard competition take place at the Gatlinburg Convention Center within walking distance of the Black Bear Inn.)

Lunch and Dinner will be on your own (in groups of three or more.)

10:00pm Festival Awards Ceremony – Gatlinburg Convention Center

11:30pm – Room Check / Lights Out

Saturday, April 15th

8:00am - Breakfast provided at the Black Bear Inn

9:00am - Dollywood Park (Pigeon Forge, TN)

Lunch and Dinner on your own at the park (one meal voucher provided)

8:00pm – Depart for Black Bear Inn

10:00pm – Room Check / Lights Out

Sunday, April 16th

7:00am - Breakfast provided at the Black Bear Inn

8:00am – Load Buses

8:30am – Depart for Burke, VA

Lunch Break

4:30pm – Arrive at Lake Braddock Secondary School

TRANSPORTATION DETAILS: Students will be transported via charter bus provided by the Mount Vernon Travel Company. Students will depart from Lake Braddock Secondary School at 10pm on Wednesday, April 13th. Students will return to Lake Braddock Secondary School at 4:30pm on Sunday, April 16th. Students may be picked up by Door #14. Please do not park in the bus lane for unloading purposes.

REQUIRED FORMS: Attached are the following forms that need your attention:

1. **Parental Authorization and Acknowledgement of Risk for Field Trip** form (FS-152). Please have your child sign, sign the form yourself, and return it to me no later than December 1st.
2. **Emergency Care Information** form. Please complete and attach to the signed Parental Authorization form. As an alternative, you may download a completed copy of the Emergency Care Form from WeCare through Schoology.
3. Luggage Check Form
 - All forms must be returned to me no later than December 1st.

COVID REQUIREMENTS

Please note that none of the venues visited on this trip have any COVID requirements or regulations.

COST OF FIELD TRIP AND PAYMENT ARRANGEMENTS:

The estimated cost per student for this field trip is \$690.

Payment Schedule:

January 9	\$ 248 Non-Refundable Bus Deposit
February 6	\$221
March 6	\$221

Payment(s) may be made by: My School Bucks under the band category or checks may be turned into the purple box in the band room made payable to LBSS.

Chaperones:

Parents interested in chaperoning this trip should contact Michael Luley at mcluley@fcps.edu as space will be limited. We will select chaperones based upon need for specific ensembles and student genders for room checks. Experience on a previous marching trip is also preferred. Chaperone trip cost will be: \$315 for a shared double room.

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.

The expenses associated with this field trip are fixed in nature. We are making reservations based upon the number of paying students. As such, a refund request submitted after February 1st may only be honored in its entirety if we are able to find a student to take your child's place.

Refund requests submitted after we have incurred expenses for this trip will be honored according to the funds we are able to recoup. As a result, some payments may only be partially refunded, if requested.

If students receive an unexcused absense from the directors for after school rehearsals or Concert Performances, students will be removed from the trip. Refunds will only be available as described above.

Thank you for your attention to these details. If you have any questions, please contact me as soon as possible.

Michael Luley
mcluley@fcps.edu

Brandon Gilbert
bsgilbert@fcps.edu



PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip April 12-16, 2023	Destination Gatlinburg, TN
Purpose Smoky Mountain Music Festival	
SUPERVISION (Check one.)	
<input type="checkbox"/> Students will be directly supervised by adults on this trip at all times <input checked="" type="checkbox"/> Students will be directly supervised by adults on this trip with the following exceptions: In hotel rooms, when in amusement park, when sight seeing in town, and when in Ober Gatlinburg.	
TRANSPORTATION BEING PROVIDED (Check all that apply.)	
<input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> Commercial Carrier <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Leased Vehicle <input type="checkbox"/> County Vehicle <input type="checkbox"/> None	
DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)	
<input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Teacher or Staff Member <input type="checkbox"/> Other Adult	
VEHICLE TYPE (Check all that apply.)	
<input type="checkbox"/> Car <input type="checkbox"/> Van (10 passenger or less) <input type="checkbox"/> SUV <input type="checkbox"/> Other _____ <i>(Specify)</i>	
RISK RELATED (Check all that apply.)	
<input type="checkbox"/> Swimming Pool <input checked="" type="checkbox"/> Amusement or Theme Park <input type="checkbox"/> Beach or Ocean <input type="checkbox"/> Other _____ <i>(List activity)</i>	

TO BE COMPLETED AT HOME

Pupil Agreement

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student Date

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

PARENT PERMISSION (Check all that apply.)

Participation in all aspects of this trip.

Participation in all aspects of this trip, except the amusement and theme park activities.

Participation in all aspects of this trip, except the water-related activities.

Other _____

I give permission for _____ to participate in this field trip.

Signature of Parent Date

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.

FIELD TRIP LUGGAGE SEARCH

No student will be allowed to participate in the school activity scheduled for departure on April 12, 2023, unless PART I or PART II is completed and signed by a parent or guardian.

PART I CONSENT TO SEARCH

I, _____, give my consent to officials of Fairfax County Public Schools and their officially designated representatives to search the luggage of my child, _____, in connection with the school activity scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on the trip.

Parent's or Guardian's Signature

Date

PART II CERTIFICATION OF CONTENTS AND DELIVERY OF LUGGAGE

I, _____, certify that I will search and deliver the luggage of my child, _____, and it will not contain any illegal or prohibited items. Also, I give my consent for any search, deemed advisable, of my child's lodgings including luggage, while on the trip.

Parent's or Guardian's Signature

Date



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION				
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
School Name:		ID No.:	Teacher or Counselor :	Bus # (AM):
				Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.			Student Cell _____	

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Enrolling Parent	Last:	First:	Middle:	Telephone
				Home:
	Number:	Street:	Apt.#:	Work:
	City:	State:	Zip:	Cell:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self		<input checked="" type="checkbox"/> Resides with	Language:	E-mail:

Other Parent	Last:	First:	Middle:	Telephone
				Home:
	Number:	Street:	Apt.#:	Work:
	City:	State:	Zip:	Cell:
Relationship:		<input type="checkbox"/> Resides with	Language:	E-mail:

Other Parent	Last:	First:	Middle:	Telephone
				Home:
	Number:	Street:	Apt.#:	Work:
	City:	State:	Zip:	Cell:
Relationship:		<input type="checkbox"/> Resides with	Language:	E-mail:

Other Parent	Last:	First:	Middle:	Telephone
				Home:
	Number:	Street:	Apt.#:	Work:
	City:	State:	Zip:	Cell:
Relationship:		<input type="checkbox"/> Resides with	Language:	E-mail:

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please remember to sign page 2.



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Grade:
School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):
Siblings attending the same school (complete if applicable). Name(s): _____ Name(s): _____			Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
<p>Below check any current health condition(s) that EMS or an emergency room health care provider should know about health of your student. Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.</p>	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____ <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____ <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____
<p>List all medications and dosages your child receives on a continual basis:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

MEDICAL ALERT INFORMATION ON FILE
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>This space reserved for system printing of Health Information</p> </div>

HEALTH CARE PROVIDER INFORMATION	
My child's medical care is provided by: _____ (name of health care provider or clinic)	
_____ (telephone)	
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.)	
_____ (telephone)	

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____