
MURRIETA MESA

Performance Corps Newsletter

Calendar at a Glance

9/20 - WHICH WICH DINNER NIGHT
9/21 - MER Practice (5pm)
9/23 - MER Practice (5pm)
9/24 - Home football game (5pm)

Social Media

We have a couple different platforms:

- Facebook -
 - Murrieta Mesa Performance Corps (closed group)
- Instagram -
 - mesaperformancecorps
- Twitter -
 - @MesaMusicGuard



Finally!!

I don't know about you but this was an extremely long week. It felt like the weekend was never going to come. There has been lots of progress made so far in the first six weeks of school. It is crazy to think that we have already been doing this for six weeks and in no time it will be time for Thanksgiving Break and Winter Break.

Please make sure you are pushing your student(s) to do more outside of rehearsals. I can tell that many of our members are not practicing outside of school or Marching Band. We will not be as successful as we need or want to be if they don't start putting in more time, especially our younger members. As a reminder, they should be practicing a minimum of 30 minutes **EACH DAY**. Please hold them accountable to this.

There are a number of students that have still not turned in their forms needed for the year. Please return the forms attached below if your students hasn't asked you to fill these out.

Thank you for your help!!!!

Fundraisers

As many of you know, we started our FRIENDTREE Fundraiser. This is an easy way for family and friends to support our program. I have asked that each member raise a minimum of \$100 to meet our goal of \$10,000. All funds raised on your students behalf is put towards the suggested donation of either \$550 (MER members) or \$100 (concert members).

Each student was asked to share this via text, as well as needs to upload emails into the database. Please log in to make this happen. I will be checking this next week with all of them.

<https://www.friendtreefundraising.com>



Booster Meeting

Our next meeting is October 17th at 7pm in the band room.

Donations

Donations can be made via the program website (card), Check placed into the green box in Greenberg's office. You can check your donation participation via your student Charms account.

Time to get involved

We are always looking for parents to help. Ways to get involved:

- Friday Night Crew
- Visitor Snack Bar
- Prop Building
- Chaperoning
- Attending booster meeting
- Finding cooperative sponsors
- Trailer pulling

Please reach out to:
merboosters@gmail.com

From the desk of Mr. Spock

Just a reminder that we are in need of not only your physical and emotional support but financial support as well. Please continue to make donation via the website, our current Friendtree Fundraiser, or by finding a board member at any of the practices to swipe a card. This program will not continue to have the opportunities without your help.

There are also a couple of year long opportunities to support this program. These programs are also available NATION wide so please spread the word to your friends and families around the country.

- ♦ Scrip - aka gift cards - PLEASE JOIN THE SCRIP GIFT CARD PROGRAM! You're spending money anyway, so this is a great way to earn us some \$\$\$ when you buy your everyday things. Contact mesapcscrip@gmail.com for help!
- ♦ Amazon Smile - AmazonSmile Charity Lists is a meaningful and easy way for you to **shop and donate items directly to charities in need**. Simply find the charities you'd like to support, add items from their lists to your cart, and check out - it's that easy. Search - Murrieta Mesa High School Music Boosters

If you haven't been receiving emails or text, please make sure your charms account is up to date. This is the major way for us to communicate with you. You will need your student's ID number and password.

If you haven't already, please make sure you introduce yourself to me and the other board members. We would love to put a face with the name or child.

Thanks,
Brian Spock

WHICH WICH?
SUPERIOR SANDWICHES

FUNDRAISER

20%

of the proceeds will benefit

Murrieta Mesa Band

Monday September 20, 2021

3:00-7:00pm

Online Orders Apply to Fundraiser

<https://order.whichwich.com/menu/which-wich-madison-center>



Sponsored by Murrieta Mesa Music Boosters

Which Wich Superior Sandwiches

24635 Madison Ave.

951.445.4035



EMERGENCY MEDICAL TREATMENT AUTHORIZATION TO SECURE

To Whom It May Concern: If neither of the parents can be contacted in the case of a serious injury or illness, I/We hereby authorize representatives of Murrieta Mesa High School or members of the MMHS Band Boosters to act as my/our agent to secure emergency treatment for the student named below, a minor child for who I/We are responsible for during the time when the student below is attending or participating in band related activities and functions. I/We further agree to hold Murrieta Mesa High School, the School District, the MMHS Band Boosters, and its representatives, harmless for exercising its judgment in authorizing such emergency treatment, and said representatives are specifically authorized to sign any required emergency hospital treatment forms on my/our behalf.

OVER-THE-COUNTER MEDICATION LIST

I give permission to the MMHS Band staff and the MMHS Band Boosters to provide for my child the following OTC medications, and or treatment, to be offered at their discretion. Please check any medications that may be given:

| | |
|--|---|
| <input type="checkbox"/> Acetaminophem - Tylenol | <input type="checkbox"/> Ibuprofen - Advil-Motrin-Aleve |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Antacid- Pepto-Bismol |
| <input type="checkbox"/> Premenstrual Tablet - Midol | <input type="checkbox"/> Decongestant - Sudafed |
| <input type="checkbox"/> Antihistamine - Benadryl | <input type="checkbox"/> Cough Drops / Throat Lozenges |
| <input type="checkbox"/> NO OTC MEDICATION to be given | |

Student Name: _____

Student DOB: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____



**VOLUNTARY EXCURSION / FIELD TRIP PERMISSION
AND MEDICAL AUTHORIZATION – MULTIPLE TRIPS**

Dear Parent / Guardian:

I hereby authorize (student's name) _____ to participate in voluntary off-campus field trips/excursions. These may include, but are not limited to, trips to government facilities, parks and zoos, athletic events, conferences and meetings, local businesses, entertainment events, exhibitions and fairs, museums and cultural centers, etc.

It is extremely important to be aware of any medical condition/problem and /or medications a student is required to take when going on a field trip. Please list any medical conditions and/or medications that we should know about on the medical forms provided.

Any student who needs to take medication while on a field trip **MUST** have written permission from both the parent and the physician, as well as provide the medication in the original, labeled, container. A staff person must keep the medication with them at all times unless previous arrangements have been made (i.e.: student has written permission on file to carry medication, such as asthma inhaler).

| | | |
|---|-------|---------------------------|
| **Fill out this section ONLY if student needs to take medication during field trip** | | |
| Medication: | Dose: | Time(s) of Administration |
| Physician Signature | Date: | Phone #: |
| | | |

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35339, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent /guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ DOB: _____

Medical Insurance Carrier: _____ Subscriber's ID # _____

Emergent Contact: _____ Phone: _____



MEDICAL TREATMENT AUTHORIZATION FORM

So that we may properly discharge our responsibilities for your child's welfare, it is mandatory, and a condition of your child's membership with the band, that this form be filled out completely, signed and dated by at least one parent or guardian. In case of a serious accident or illness, it is imperative that school personnel or members of the band boosters be aware of any serious medical conditions and are able to quickly reach a parent or guardian.

STUDENT IDENTIFICATION

| | |
|---------|-------|
| Name | Grade |
| Address | DOB |
| Phone | |

FAMILY IDENTIFICATION in Case of Emergency

| | |
|--------------------------|-------------------|
| Mother's Name | Father's Name |
| Mother's Employer | Father's Employer |
| Mother's Wk # | Father's Wk # |
| Mother's Cell # | Father's Cell # |
| Neighbor/Relative | Phone |
| Neighbor/Relative | Phone |
| Family Physician | Office # |
| Health Insurance Carrier | Policy ID # |
| Name of Insured | Group # |

STUDENT MEDICAL INFORMATION

All health problems of the above-named student, past and present, which may limit physical activity and /or be aggravated or worsened by physical activity, and/or which should be known in the treatment of an illness or injury MUST be known. Please check below if the above-named student has or has had any of the following:

| | | |
|-----------------------------|-----------------------|------------------------|
| Chronic Knee Problems | Bee Stings | Hyperventilation |
| Chronic Ankle Problems | History of Epilepsy | Heart Related Problems |
| Chronic Back Problems | History of Diabetes | Chronic Cough |
| Chronic Foot Problems | GI Disorders/Problems | Food Allergies |
| Metabolic/Thyroid Disorders | Drug Allergies | Asthma |
| Other | | Non-Known |
| Explanation: | | |

September 17, 2021