

Commitment to Evergreen HS iPerc 2015

Please return to Mr. Cruse, Director Bands, by Friday, February 6th

We have read all of the requirements and agree to fulfill them as a member and member's parent in this organization. We understand the commitment to this team and what it takes to be successful in this activity.

We also understand upon returning this form, necessary items will be promptly ordered for the student. These items take several weeks to produce and are non-refundable. We understand that we will still be expected to cover their cost should we choose to discontinue the student's membership in the program for any reason.

Member Signature: _____ **Date:** _____

Member Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

EVERGREEN HIGH SCHOOL

2015 Indoor Percussion (iPerc)

Ensemble Membership Agreement

I, (member name) _____, hereby agree to the following:

Attitude / Respect / Preparation

Member Initials _____ Parent Initials _____

- I understand my attitude, attendance, commitment, and individual practice time and skill development are major factors in determining the successful outcome for the ensemble/unit.
- I will trust the director, staff, and student leadership to make the best decisions for the membership and quality of the ensemble/unit.
- My interactions with staff and peers will be respectful. The community aspect is dependent on how I choose to interact with others.
- I will raise any concern or issue I have directly with the person involved or to my director or instructor.
- I will be mentally and physically "present" for all events. This means I will be well-rested, healthy, and mentally and physically clear and focused – ready to give 100 percent.
- I will complete all of my "homework" assignments, including rudiments, music memorization, and equipment basics. I will ensure my instrument/equipment is ready at the start of rehearsals. If applicable, I will maintain and update my drill/dot book.
- I will respect all property, including instruments, equipment, costumes, rehearsal spaces and sound systems.

Attendance

Member Initials _____ Parent Initials _____

- I understand that my ensemble is a team endeavor and I will attend all rehearsals as scheduled.
- I understand that my ensemble is a performance ensemble and that the other members are depending on me. I will not miss a performance.
- I will honor my commitment to my ensemble. I am aware that failing to do so, not only leaves my ensemble in a lurch, but it also hurts us financially.
- I acknowledge that work is not a valid excuse for missing a rehearsal. I will not use work as an excuse to miss an event or performance.
- If I must miss a rehearsal or event for any reason, I will contact my director or instructor via phone or in person as soon as I am aware of the conflict.
- I understand if I miss 2 or more rehearsals, the director or staff may bar me from participating in performances.

Equipment

Member Initials _____ Parent Initials _____

- I understand the iPerc ensemble uses Evergreen High School equipment, and applicable rental fees are payable to EHS. All EHS equipment and property must be returned to Evergreen High School at the end of each season.
- I will pay to replace any equipment I fail to return, or that becomes lost or damaged due to my negligence. My director will inform me of costs.

Fees

Member Initials _____ Parent Initials _____

- I understand the true cost for my ensemble is \$350 Fair Share plus \$300 Fund Raising per participant.
- I will pay the Fair Share fee on time, and fully participate in all Fund Raising efforts until these goals are met.
- I understand that failure to participate in all Fund Raising efforts will jeopardize the solvency of the iPerc Program, which could result in cancelled practices, performances, even the program's termination. This program is not funded by EHS, Jefferson County, or the State of Colorado. It is funded by you, the participants! Indoor Percussion is your program, and its existence and success depends on your dedication and your support!
- FULL Fair Share payment is due by February 6, 2015*.

Member Signature: _____ Date: _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

** Installation payments are available based on need and commitment to participate in all fundraising events. Contact IMB Treasurer to make arrangements.*

Evergreen HS iPerc Parent Information and Volunteer Form

Student's Name _____

Parent/Guardian #1 _____

Cell Phone _____ Home Phone _____

Email _____ Occupation _____

May We Contact You At Work? Yes No Work Phone _____

Parent/Guardian #2 _____

Cell Phone _____ Home Phone _____

Email _____ Occupation _____

May We Contact You At Work? Yes No Work Phone _____

A successful winter guard program requires some assistance from all families. Please look at the list below to see where your time and talents can be utilized to make this a great year for us.

General Volunteering: We would be willing to volunteer and help with the following tasks:

___ Hospitality: help shop for, prepare, and serve food on competition days

___ Parent Driver: drive students to and from show site, chaperone

___ Trailer Driver: help transport equipment, tarp or props to and from competitions (might need a small trailer, large passenger van, or truck bed)

___ Floor Crew: Parents to help students place instruments on the floor before their performance

___ Videographer: Parent Historian for our season. Pictures and Videos

Evergreen High School iPerc 2014-15 Student Information Sheet

Student Name _____ Graduation Year _____ T-shirt Size _____

Student Cell # _____ Student Email _____

After looking at the rehearsal and performance schedule, do you have any conflicts? If so, please list the date and reason:

**Jefferson County Public School
Domestic/International Overnight
Travel Emergency Form**

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician should his or her condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here (if none, so state).

In consideration for my daughter/son going on the see attached permission form trip, I hereby release Jefferson County Public Schools and its personnel from any legal claim arising from the administration of medication and the administration of emergency medical treatment:

Verification of medical insurance: Include a copy of insurance card (must show name and policy number).

If a student does not have medical insurance, sponsor must contact the Risk Management Department to purchase a **"Tripster" Policy**.

This authorization is for the time period beginning August 18, 2014 and ending May 31, 2015.

Signature of Parent

Date

Medical Information Form

Student Name: _____

Any reaction to Penicillin? Yes or No	Any dietary restrictions? Yes or No
Any chronic physical problems? Yes or No	Any regular use of medication? Yes or No
Any reaction to any other drugs? Yes or No	Any known allergies (food/medicine) Yes or No
Any use of insulin? Yes or No	

Special Medical Problems: (circle all that apply)
 Diabetes Asthma Heart Conditions Hypoglycemia Arthritis Mono High Blood Pressure
 Rheumatic Fever TB Breathing Disorders Migraine Headaches Carpal Tunnel Syndrome
 Back Problems Bleeding Disorder Wear glasses/Contacts Knee/Ankle Injuries Any
 Fractures/Surgeries (location) _____ Other (Please describe below)

If you answered YES to any of the above items, please explain:

Non-Prescription Medication: Circle those Over-the-Counter Medications you **do not** give permission for staff to administer:

Aspirin Tylenol Advil Ibuprofen Antacids Cough Cold & Sinus Cold & Flu Anti-diarrheal

Allergic Reaction Laxative Topical Ointments, Creams, Lotions.

If you have a preference or special need for a specific Over-the-Counter medication, it is your responsibility to supply the chaperone with that medication.

Prescription Medication: My child/ward has my permission to take the following MEDICATION as prescribed by our family doctor. *We understand that should our child/ward be found in possession of any prescription drug not specified herein, disciplinary action may be taken.* Please attach Doctor's Note if necessary.

Name of Medication	Condition for Medication	Time/Frequency	Dosage
1.			
2.			
3.			
4.			

 (Signature of participant) (Date)

 (Signature of parent/guardian) (Date)

I, _____ agree to administer the prescriptions as stated above to the student.
 (Chaperone)

Jefferson County Public Schools

The following information is confidential and is to be kept by the principal and is not for distribution in the Student Travel Packet.

To Be Completed By Parent/Staff Driver(s) International or Domestic Overnight Travel or Day Trip

The insurance company providing coverage for my vehicle is:	
Insurance Company Name	_____
Policy #	_____
I verify that the conditions outlined above will be complied with on this student travel experience.	
Driver's License Number	Name of Driver (please print)
_____	_____
Signature of Driver	Date
_____	_____

To Be Completed By Student Driver and Parent/Guardian of Student Driver(s) Domestic Overnight Travel or Day Trip

The insurance company providing coverage for my vehicle is:	
Insurance Company Name	_____
Policy #	_____
I verify that the conditions outlined above will be complied with on this student travel experience.	
Driver's License Number	Name of Driver (please print)
_____	_____
Signature of Student Driver	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Date License Issued	If Issued Less Than One Year, # of Months
_____	_____
Student's Date of Birth	

Evergreen HS 2014-15 iPerc Staff Contact Information

Below is a list of contact information for our staff. Should you ever have any questions or concerns regarding your student or their attendance, please do not hesitate to contact us.

Todd Carrasco – email preferred.

720-254-4145

toodjcarrasco@gmail.com

Wiley Cruse

wcruse@jeffco.k12.co.us

iPerc Schedule 2015

Rehearsal Schedule as of January 8th:

Monday/Thursday Perc. Ensemble 5:00 p.m. to 8:30 p.m.

iPerc Camps:

February 16th 5:00 p.m. to 8:30 p.m. (Mon)

March 26th, 27th 9:00 a.m. to 3:30 p.m. (Th,F)

March 30th 9:00 a.m. to 4:00 p.m. (Mon)

April 2nd 4:30 p.m. to 9:00 p.m. (Thur)

Comps:

Contest #1 - Pomona HS

Saturday, February 28, 2015

10:00am 6:00pm

Pomona High School

WGI Regional - Northglenn HS

Saturday, March 7, 2015

10:00am 6:00pm

Northglenn High School

Contest #2 - Northglenn HS

Saturday, March 14, 2015

10:00am 6:00pm

Northglenn High School

Contest #3 - Longmont HS

Saturday, March 21, 2015

10:00am 6:00pm

Longmont High School

Contest #4 - Mountain Range HS

Saturday, March 28, 2015

10:00am 6:00pm

Mountain Range High School

RMPA Championships - Location TBA

Saturday, April 4, 2015

9:00am 10:00pm

Denver, CO
