

Jefferson County Public Schools ACTIVITY PERMISSION FORM

I hereby permit _____

to go to _____ See Below _____ on _____ See Below _____
(place) (date)

He/She will be transported by:

School bus _____

Fee required N/A _____

Private car _____

Other needs _____

Walking _____

Transportation is the responsibility of the parent _____

Other _____
(specify)

Date _____

Signed _____
Parent/Guardian

PLEASE RETURN THIS FORM BY: _____ August 23, 2019 _____

Evergreen High School Marching Band Dates

September 2019

6th	Friday	7:00pm	Football Game at EHS
17th	Tuesday	5:00pm	Jeffco Marching Band Competition at JeffCo Stadium
28th	Saturday	All Day	Friendship Cup Marching Festival at Fountain Ft Carson HS in Fountain CO

October 2019

4th	Friday	7:00pm	Football Game at EHS
5th	Saturday	All Day	Legend Band Competition at Echo Park Automotive Stadium in Parker
14th	Monday	TBA	Denver Metro Regional MB Competition at Echo Park Automotive Stadium in Parker
18th	Friday	7:00pm	Homecoming Football Game at EHS

November 2019

1st	Friday	6:00pm	Football Game at EHS
4th	Monday	All Day	State Marching Band Championships at Stocker Stadium in Grand Junction CO

**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 23, 2019 and ending May 31, 2020.

Signature of Parent

Date

Medical Information Form

Student Name: _____

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

Special Medical Problems: (check 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: Check 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)

EVERGREEN HIGH SCHOOL 2019-2020

Ensemble Membership Agreement

I, _____, 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 will decide if, when, and where I will be in the performance.

Equipment

Member Initials _____ Parent Initials _____

- I understand my ensemble makes use of equipment which is the property of Evergreen High School. All 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 negligence. My director will inform me of costs.

Fees

Member Initials _____ Parent Initials _____

- I understand the true cost for my ensemble is significantly more than my school/participation fees and that IMB donations and fundraising help offset those costs.
- I will pay my school fees and membership fees on time.
- I understand there are multiple opportunities to fundraise toward my participation fee. I am responsible to pay it in full and keep track of my progress. Failure to pay may result in suspension from performances affecting not only me, but the entire team.

Member Signature: _____ Date: _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

**Scholarships may be available based on need and commitment to participate in all fundraising events.*

**Payment arrangements may be possible by contacting our IMB Board Treasurer.*

**All IMB and Class Fees are due by the first week of the fall classes.*

Only fill out this form if your student is playing a school owned instrument
Colorguard and Percussion, please see below for your form.

Jefferson County School Musical
Instrument Loan Agreement

As per Jefferson County School District policy, users of school instruments are assessed a usage fee of **\$125.00** per year. Students may make payments of **\$62.50** per semester or **\$125.00** for the year. The money collected from these usage fees is used to maintain and repair the school-owned instruments.

Received from _____ School, the following property:

Instrument _____ Brand _____

Serial No. _____ With Case _____ and the following accessories:

Mouthpiece _____ Bow _____ Other _____

Approximate Value _____ Condition _____

Instrument is on _____ School's Inventory.

I, hereby, agree to hold myself personally responsible for any damage, which may occur to the above-named instrument while it is in my care. I understand that I will be held financially responsible for any willful or negligent damage. It is further understood that this instrument is the property of the Jefferson County School District and that I will return the instrument to the school on the request of the music teacher and/or principal. I will be expected to participate in all activities of the organization to which I am assigned. I agree further that while the instrument is in my possession, I will constantly endeavor to improve my technical ability, musical foundation, and musicianship by putting forth my best efforts at all times.

Date _____ Student Signature _____

I guarantee the above agreement on the part of the student.

Parent/Guardian _____

Address _____

City/ZIP _____ Phone _____

Approval _____ (Instrumental Music Teacher)

Receipt No. _____ Amount of Payment _____

Date Returned _____ Condition _____

Received by _____ (Instrumental Music Teacher)

Jefferson County School
Percussion Instrument Usage Agreement

As per Jefferson County School District policy, users of school instruments are assessed a usage fee of \$100.00 per year. Students may make payments of \$50.00 per semester or \$100.00 for the year. School percussion equipment is kept at the school and the fees collected for these instruments are used to maintain the equipment by purchasing the following: replacement heads, replacement of large mallets, accessory instruments, and also for general maintenance of the equipment.

Percussion equipment at _____ School

is being used by _____ for the school year of ____/____.

The equipment is to be used at the above stated school unless otherwise arranged and set up through the Jefferson County School Loan Agreement with the school instrumental music director.

I, hereby, agree to hold myself personally responsible for any damage, which may occur to the percussion equipment of the above named school while it is in my use. I understand that I will be held financially responsible for any willful or negligent damage. The equipment is to be used at the above named school unless otherwise arranged. I will do my best to continually care for and use the equipment in a responsible manner. I will be expected to participate in all activities of the organization to which I am assigned. It is further understood that these instruments are the property of Jefferson County School District and while it is in my use I will constantly endeavor to improve my technical ability, musical foundation, and musicianship by putting forth my best efforts at all times.

Date _____ Student Signature _____

I guarantee the above agreement on the part of the student.

Parent/Guardian Signature _____ Date _____

Address _____

City/Zip _____ Phone _____

Approval _____ (Instrumental Teacher)

Receipt No. _____ Payment Amount _____

Jefferson County School
Colorguard Equipment Usage Agreement

As per Jefferson County School District policy, users of school guard equipment are assessed a usage fee of \$62.50 per semester. Students may make payments of \$62.50 per semester or \$125.00 for the year. School guard equipment is kept at the school and the fees collected for these instruments are used to maintain the equipment.

Guard equipment at _____ School

is being used by _____ for the school year of ____/____.

The equipment is to be used at the above stated school unless otherwise arranged and set up through the Jefferson County School Loan Agreement with the school instrumental music director.

I, hereby, agree to hold myself personally responsible for any damage, which may occur to the guard equipment of the above named school while it is in my use. I understand that I will be held financially responsible for any willful or negligent damage. The equipment is to be used at the above named school unless otherwise arranged. I will do my best to continually care for and use the equipment in a responsible manner. I will be expected to participate in all activities of the organization to which I am assigned. It is further understood that the equipment is the property of Jefferson County School District and while it is in my use I will constantly endeavor to improve my technical ability by putting forth my best efforts at all times.

Date _____ Student Signature _____

I guarantee the above agreement on the part of the student.

Parent/Guardian Signature _____ Date _____

Address _____

City/Zip _____ Phone _____

Approval _____ (Instrumental Teacher)

Receipt No. _____ Payment Amount _____

EHS Marching Band – Uniform Contract (one for each student)

The purpose of this contract is to inform the student and parent of the responsibilities related to the uniform. Parents & students need to be advised that they are financially responsible if the uniform is damaged.

When tailoring your uniform **do not cut any part of it**. Cutting the uniform will result in its automatic purchase based on the fee schedule. If anything should happen to the uniform before an event, the uniform crew will be there to help (this does not include alterations). Notify a crew member if there is anything wrong with your uniform (loose or missing buttons, etc.)

If your uniform becomes dirty and you are asked by the Uniform Committee to get it dry-cleaned it will be **at your own expense** before the next event. You will need to take it to our designated dry-cleaner.

Each student will receive one pair of white gloves. They need to be washed throughout the season to keep them clean. Do not put in the dryer as they are cotton and will shrink. If your student loses their gloves they will need to pay for a replacement pair unless we have a recycled pair on hand.

You should wear lightweight clothing under your uniform such as a pair of athletic shorts and the marching band t-shirt. Sleeveless shirts and tank tops are not permitted.

Uniforms have a specific way that they must be placed on the hanger for storage in the uniform closet. Correctly position the hanger (colored dot shows the front of the hanger) . Pants must be folded inside seams together and on the crease and draped evenly over the hanger. Jackets must be zipped and sash velcroed. Keep the top 6” of the garment bag unzipped. This allows for air circulation and prevents odors from forming and maybe even mold if hung wet. The uniforms are stored at school after each event. The students arrive in lightweight clothing and dress in the music room before events. The students will be trained in these procedures during band camp.

The estimated cost of replacement:

Jacket - \$300	Bibs - \$125	Plume - \$25	Shako - \$70	Shako Box - \$15
Uniform Bag - \$10	Buttons - \$2	Sash - \$40	Gauntlets - \$30	Gloves - \$5

Thank you, the Uniform Crew.

Please Sign and Return:

I have read this contract and understand that I must treat all parts of my uniform with care. I understand that if I damage the uniform in any way, I will be held financially responsible.

Print
Student Name: _____ Signature: _____

Parent Name: _____ Signature: _____

Student's Shoe Size: _____ Student's T-shirt size: _____

Marching Shoes:

In order to perform with the EHS Marching Band, your student must have a pair of shiny, black marching shoes. They must be ordered in advance. Your student will be sized during band camp for these shoes. You may continue to use the same shoes each year until you need to purchase a larger size. Cost is \$35 plus shipping.

You are responsible for providing solid black calf length socks to complete the uniform. NO designs please, NO short socks, legs are not to show when marching.

Evergreen High School Marching Band Uniform Hemming Instructions

You may not cut any fabric!!!!

- No glue, iron on hems, or machine stitching. Only a light hand stitch should be used to modify lengths. Please be conservative in the amount of stitching that you do.
- Pants - Parents or guardians are responsible to hem (or have hemmed) the uniform pants to the proper length. The pant should reach and touch the top of the shoe with arms in “ready position”. The pant leg should touch lightly enough so that the crease line in the leg does not buckle.
- To adjust the length of the pants, first adjust the torso length from the shoulder to the crotch of the pant by adjusting the suspender straps. Then adjust the length of the pant leg to just reach the top of the shoe. The pant leg length should be adjusted only after the straps have been adjusted.
- To adjust the leg length, take the hem completely down and then hem the pant to the proper length. **Do not cut excess fabric.**
- Hand-sew it yourself or use a tailor for hem lengths.

Our full EHS Instrumental Music Handbook can be downloaded from our EHS Instrumental Music Website
<http://www.evergreenhsmusic.net/info.php>
Please read our Music Handbook before signing this form!

**Please read, sign, and return this page
to Mr. Cruse by September 6, 2019.**

I acknowledge receiving and reading the Evergreen High School Instrumental Music Handbook. I understood its contents and agree to the terms and conditions of membership in the Instrumental Music Program at Evergreen. Completing this form is the student's first homework assignment of the year.

First and Last Name (printed neatly) _____

Ensemble(s) _____

Student Signature _____

Parent/Guardian
Signature _____

Today's Date/Year _____

Student's Email _____

Parent/Guardian
Name/Email: _____

Additional Parent/Guardian
Name/Email: _____

** If a signed confirmation form, from student and parent, is not returned by the date it is due, it is assumed that parents and students understand all philosophies and rules governing the EHS our Instrumental Music Program and agree to abide by them.

Individual Lettering Proposal

Mr. Cruse wants to see as many students letter in band/orchestra/guard as possible. Often students discover in the spring that they did not meet requirements to letter. In an effort to be proactive and plan ahead, any student who wishes to receive a Band/Orchestra/Guard Letter or Bar must fill out the following form. Mr. Cruse will file these until you confirm your activities with your letter application in the spring.

Name: _____

I do ____ / do not ____ plan on earning a Band/Orchestra/Guard letter for the 2018-2019 school year.

THE FOLLOWING INFORMATION ON LETTERING IS FROM YOUR HANDBOOK:

LETTERING PROPOSED ACTIVITIES (2 required)

1- _____ 3 - _____

2- _____ 4 - _____



Book District Regulations/Exhibits - Jefferson County School District R-1
 Section J: Students
 Title Student Responsibility Sign-Off
 Number JJH-E2
 Status Active
 Adopted April 1, 2003
 Last Revised May 1, 2006
 Last Reviewed April 29, 2013

**INTERNATIONAL/DOMESTIC OVERNIGHT STUDENT TRAVEL
 STUDENT RESPONSIBILITY SIGN-OFF**

As a participant in Colorado Class 3A Marching Band Championship (name of activity), which will take place from November 3rd, 2019 to November 5th 2019 (dates), I acknowledge having read and agree to abide by the Jefferson County Public Schools' Code of Conduct document.

The responsibilities of every student are:

- To help maintain an overall atmosphere conducive to learning and to respect the principle that no student shall engage in any activity which disrupts or shows clear and convincing evidence of threatening to interfere with the public or private rights of others.
- To respect property, caring for it and protecting it from theft, at the same time respecting the individual property of staff and students in the same manner.
- To promote the physical safety and personal security of others, exercising in this pursuit a high degree of self-discipline.
- To personally refrain and discourage others from possessing or transmitting any kind of weapon.
- To refrain from using, possessing, buying or selling alcohol and narcotics or other dangerous drugs.
- To practice and encourage honesty in academic work and in all other transactions.
- To respect the staff by obeying all reasonable requests with equanimity and avoiding the use of profanity or obscene gestures.

In addition, I will further strive to be friendly to all members of the group, accept the will of the majority whenever a matter of choice presents itself, and accept the suggestions and recommendations of the leaders in all matters relating to the program or my personal conduct. I also agree that the activity sponsor reserves the right to terminate my participation for failure to maintain these standards of conduct. If my participation is terminated, I agree to pay all expenses incurred upon returning home.

I further agree that:

1. I will take part in all program activities, including meals.
2. I will honor the curfew established by the sponsor.
3. I will advise my sponsor of my whereabouts at all time and never leave the group without being accompanied by other students or sponsors.
4. I will not operate a motorized vehicle during the course of the activity unless specifically authorized prior to departure, in accordance with District Exhibit JJH-E Staff/Parent/Student Driver Authorization.
5. I will carry ID, or if international travel a copy of my passport, at all time. Additionally, I will carry information provided by the sponsors with the name of hotel accommodations, the address of the nearest American Embassy and any schedule restriction or off-limit areas that may apply.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Book	District Regulations/Exhibits - Jefferson County School District R-1
Section	J: Students
Title	Parent/Guardian Emergency Form
Number	JJH-E4
Status	Active
Adopted	April 1, 2003
Last Revised	May 1, 2006
Last Reviewed	April 29, 2013

**INTERNATIONAL/DOMESTIC OVERNIGHT STUDENT TRAVEL
PARENT/GUARDIAN EMERGENCY FORM**

Dear Parent/Guardian:

Purposeful, well organized and properly supervised travel experiences enable students to discover new worlds, stimulate interest in further learning, increase cultural awareness, bring historical events to life, provide firsthand experiences with scientific and environmental topics, develop self-assurance, enhance language skills, and solidify an appreciation of the American way of life.

Specific guidelines and appropriate administrative procedures are developed in order to screen, approve, and evaluate student travel. Also, they serve to ensure that all reasonable steps are taken for the safety of the participants, as well as to establish the highest educational value possible. However, because student travel experiences normally take place away from school property and outside of the normal school setting, they involve additional factors and risks over which the schools have no control.

For this reason, the Parent/Guardian Release Agreement is a key document in the acceptance process for a student. Please read carefully and sign the following information and conditions of participation which constitute a formal parental release. After signing this, please return to the sponsoring teacher at your school.

By signing the following, the student and parent(s)/guardian(s) expressly understand and agree that costs, expenses and fees may not be refunded if the extended travel program is canceled, altered or terminated early based upon future circumstances or events, including without limitation, government advisories regarding travel, actual or threatened terrorist acts and other circumstances which may affect the health, safety and welfare of participants.

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 Colorado Marching Band Championship 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). (ALREADY ON FILE)

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 _____ and ending _____

Signature of Parent _____ Date _____

Please read and sign the following Parent/Guardian Release Agreement:

Jefferson County Public Schools Parent/Guardian Release Agreement

Colorado 3A Marching Band Championship - Pueblo Colorado	Wiley Cruse
Extended Travel Program	Name of Sponsor

The student whose signature(s) appears below desires to participate in the above Extended Travel Program. In consideration of the Jefferson County School District (JCSD) accepting the student in the Extended Travel Program, the undersigned student and his/her parent or guardian acknowledge and agree as follows:

1. The Extended Travel Program will take place away from school district property, may involve transportation provided by common carriers or other non-school provided means, overnight stays in hotels, motels, or other non-school district facilities, and may involve activities beyond the scope of traditional school functions conducted on JCSD property.
2. The student's participation in the Extended Travel Program is entirely voluntary and that by undertaking to have the student participate in the Extended Travel Program, the undersigned parties expressly acknowledge that such participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional school functions conducted on JCSD property. These may include, but are not limited to, the risk of loss or damage to personal property, the risk of sickness, personal injury or death while participating in the Extended Travel Program and the obligation for payment of fees and costs associated with the Extended Travel Program. Since September 11, 2001, the risks also involve the potential for actual or threatened terrorist acts. Such acts may include, without limitation, risks of personal injury, illness, death and the loss of or damage to personal property. The risks also include that the trip may be canceled, altered or terminated early because of actual or threatened terrorist acts. In such cases, fees and expenses may not be refunded depending upon the policies of the trip organizing company and individual travel, accommodation and activity providers. Please note that trip cancellation insurance is optional.
3. The undersigned parties exempt and release Jefferson County Public Schools, its directors, officers, agents, employees, teachers, and schools from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any damage, loss, injury or death, except where the School District would otherwise be liable for such damage, loss, injury, or death under law. By signing below, the student and parent(s)/guardian(s) agree to assume all risks associated in any way whatsoever with the extended travel program. The scope of this Release and assumption of risk includes, but is not limited to:
 - Any and all claims of whatever nature for any injury, loss or both caused by any vehicle or services, strikes, war, terrorist act or threat of terrorist act, weather, sickness, quarantine, government restrictions, advisories or regulations, or from any act or omission of any airline, railroad, bus transportation, sightseeing, hotel, foreign family, or any other service or transporting company, firm, individual or agency, or for any other cause whatsoever in connection therewith.
 - Any injury regardless of nature or cause, whether resulting or not in death, to the participant of the undersigned, whether alone or in association with others.
 - Any damage or injury regardless of nature or cause to property of the undersigned or his/her participant, whether real, personal, or mixed.
 - Any financial or other obligations incurred by the undersigned or his/her participant during the program, including without limitation obligations or liabilities incurred in any country in which the program is conducted.
 - Any taking, publishing, or otherwise using photographs or films of the participant or the undersigned, either alone or with others, during the course of the program as may be deemed acceptable by JCSD. It is expressly understood that all such potential losses, damage, injury or death are not known and cannot be determined as of the date of this Agreement, but it is the express intent of the undersigned parties that this Release and assumption of risk apply to any and all such unknown damage, loss, injury, or death.
4. The undersigned parties agree to pay all applicable costs, expenses, and fees arising out of the student's participation in the Extended Travel Program, and further agree to indemnify and hold harmless Jefferson County Public Schools, its officers, agents, employees, teachers, and schools, against any claims for such costs, expenses and fees. By signing below, the student and parent(s)/guardian(s) expressly understand and agree that such costs, expenses and fees may not be refunded if the extended travel program is canceled, altered or terminated early based upon future circumstances or events, including without limitation, government advisories regarding travel, actual or threatened terrorist acts and other circumstances which may affect the health, safety and welfare of participants.
5. During the Extended Travel Program, Jefferson County Public Schools shall have full authority to take whatever action it deems reasonably necessary to safeguard the health, safety, and well-being of the participating student, which expressly includes but is not limited to, authorization to secure medical treatment for the participating student, or in the discretion of JCSD, to return the participating student to his/her home.
6. The student's participation in the Extended Travel Program may be terminated for the student's failure to abide by Jefferson County Public Schools Students Responsibilities and Rights Policy, for failure of the student to abide by the instructions of his/her teacher guide during the Program, or for failure to make timely payment of all fees and expenses. If the termination occurs during the program, the undersigned parent/guardian agrees to bear all costs associated with the student's return home. When it is necessary to return a student home, the sponsoring teacher, or staff member, will personally notify a parent/guardian or emergency contact.
7. Students may also be subject to disciplinary action pursuant to School District policy for their failure to abide by the students rights and responsibilities policy and any rules set forth by the teacher and chaperones on the trip.
8. Jefferson County Public Schools reserves the right to alter or change the itinerary or to adjust program costs to reflect changes in exchange rates, in fuel costs, or in extraordinary inflation overseas.

BoardDocs® Policy: JJH-E4 Parent/Guardian Emergency Form

9. Jefferson County Public Schools also reserves the right to cancel the program due to insufficient participation or to other circumstances. Where the program is canceled, all monies may be refunded, with the exception of application fees, as specified by the sponsoring agency. As set forth above, if the trip is canceled based on outside circumstances or events, including, without limitation, government advisories regarding travel, actual or threatened terrorist acts, and other circumstances which could affect the health, safety or welfare of participants, monies may or may not be refunded, depending on the policies of the trip organizing company, travel, accommodation and activities providers.
10. Any earnest money deposit does not imply, in any manner, acceptance of a student to the travel program.
11. The undersigned as the responsible parent/guardian, agrees to inform the sponsoring teacher of any history of mental/physical/emotional or behavioral issues of the student that could affect the general welfare of him/her and/or the group prior to the stated date of acceptance or denial to participate in the travel activity.

We have thoroughly read and understand the statements and conditions stated herein and agree to the terms of the Agreement, as noted by my/our signature(s), as follows:

Parent(s)/Guardian(s) Signature	Date
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Student Signature	Date
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Sponsor Signature	Date
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Jefferson County School District R-1
Jefferson County, Colorado