

Commitment to Evergreen HS Winter Ensembles

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 nonrefundable. 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

Winter 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 Winter Ensembles use 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 that the true cost for my ensemble includes both a Fair Share plus 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 Winter Program, which could result in cancelled practices, performances, and even the program's termination. This program is not funded by EHS, Jefferson County, or the State of Colorado. It is funded by the participants!
This Winter Ensemble is my program, and its existence and success depends on my dedication and support!

Member Signature: _____ **Date:** _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

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

Evergreen HS Winter Ensemble Parent Information and Volunteer Form

Student's Name _____

Parent/Guardian #1 _____

Cell Phone _____ Home Phone _____

Email _____

May We Contact You At Work? If Yes, Work Phone _____

Parent/Guardian #2 _____

Cell Phone _____ Home Phone _____

Email _____

May We Contact You At Work? If Yes, Work Phone _____

A successful winter 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

___ **Equipment Transport:** 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 Winter Ensemble 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 EHS Winter Ensemble trips, 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 November 1, 2018 and ending May 31, 2019 .

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)

PARENT/GUARDIAN TRANSPORTATION AUTHORIZATION FORM

International/Domestic Overnight Student Travel or Day Trip
These Forms Are Also Used For Student Activities

The purpose of this form is to give authorization to and provide vehicle information for transporting students by private vehicle during international or domestic overnight travel or a day trip on the dates listed below.

Students may be approved to transport other students on domestic overnight travel and day trips only.

The district does not insure privately owned vehicles.

Student Travel/Transportation Authorization To be completed by Parent/Guardian and Principal

I am aware that my child, _____ will be transported by private vehicle during an approved trip to: _____ during the following date(s):

The driver(s) meets the specifications listed below and have been approved by the principal to have a valid driver's license. Driver's license and insurance information is confidential and will be kept on file with the principal.

In consideration of my child's voluntary participation in the activity listed above, I hereby release and discharge the Jefferson County School District No. R-1 and its directors, employees, representatives, and Board of Education for any claim or cause of action, rights, damages and demands of any kind or nature, known or unknown, including claims for attorney's fees and costs arising out of the aforementioned activity in which I and my child have elected to voluntarily participate.

I am aware that my student may be riding with an authorized 17 year or older driver who has a valid driver's license and is operating a vehicle which is insured and in good working condition.

- _____ My student has permission to ride with an authorized student or adult driver
- _____ My student has permission to ride with adults only (age 21 or older)
- _____ My student does not have permission to ride with an authorized driver. I will provide transportation.

Signature of Parent/Guardian Date

Principal's Signature Date

Driver Specifications for Parents/Staff/ Student Driver(s)

1. The vehicle being driven will be in good operating condition.
2. All students must wear seat belts.
3. The vehicle has liability insurance that meets the minimum standards of the Colorado Financial Responsibility Law.
4. The driver is at least 17 years of age or older.
5. The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.
6. Under 18 years of age and driving less than 6 months there will be no one under the age of 21 as a passenger.
7. Under 18 years of age and driving less than one year and more than 6 months, there will be only one passenger under the age of 21 (Does not apply to driver's immediate family).
8. **You can not drive a vehicle carrying more than one passenger under 21 unless you have held your drivers license for at least one year.**

The following driver(s) have been authorized to transport students by private vehicle on the date(s) listed above:

Sponsor's Signature Date

Principal's Signature Date

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	
