

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.*



Book District Regulations/Exhibits - Jefferson County School District R-1
Section J: Students
Title Parent/Guardian Emergency Form
Code 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 _____ 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 _____ and ending _____

Signature of Parent

Date

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

Jefferson County Public Schools Parent/Guardian Release Agreement

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.
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
Student Signature	Date
Sponsor Signature	Date

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	
