

## Music Showcase Festival at Hershey Park

Saturday, 5/4/19

There was not enough participation to make our original spring overnight trip happen. However, we do want our students to experience a spring music festival! We have been able to register for the Music Showcase Festival at Hershey Park. We will leave in the morning and return that evening (times will be available once we know our performance slot). We will compete in Concert Band, Mixed Choir, and Marching Parade Review. The Band Boosters are helping to offset the cost of the trip for our students. The cost will be \$50 per student.

To be eligible for this trip, students must participate in class and be in good standing with academics, behavior, and attendance. Mr. Weaver, Mrs. Katz, and Ms. Burton reserve the right to determine whether or not a student may register for the trip. Students who are suspended or excluded from school on the day of the trip may not participate and will not receive a refund. Please return your form and payment as soon as possible as space may be limited.

Please enclose a check or money order in the amount of \$50, made out to "A.I. Bands"

-Please make a note if you are using your Fundraising Credit to pay for the trip.

Return this form, the medical/ permission form, and payment in an envelope with the students name and "Music Trip" clearly printed on it.

Student Name: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Marching Band Instrument: \_\_\_\_\_

Concert Band Instrument: \_\_\_\_\_

Voice Type (Choir Members): \_\_\_\_\_

Circle T-Shirt Size (Unisex): XS Small Medium Large XL XXL

PLEASE PRINT ALL INFORMATION! LAST NAME->  
**ALEXIS I. duPONT HIGH SCHOOL BANDS: MEDICAL & PERMISSION FORMS**

STUDENT INFORMATION (This will remain confidential)

Student's Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Day Month Year

STUDENT'S MEDICAL INFORMATION

Any Drug/Medicine Allergy? Yes No If Yes, to what? \_\_\_\_\_

Currently taking prescribed medication? Yes No If Yes, what? \_\_\_\_\_

For treatment of? \_\_\_\_\_ Dosage? \_\_\_\_\_

Any Surgery in the last 6 months? Yes No IF Yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Does this student suffer from any *chronic* condition? Yes No If Yes, please describe: \_\_\_\_  
\_\_\_\_\_

Physician: Dr. \_\_\_\_\_ Phone# \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Full Name of [both] Parents/Guardians: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
[No P.O. Box #] Number Street City Zip Code

Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_  
Company/Policy ID#/Contract# Contact Phone, if any

Name & Phone# of responsible adult [not living in your house] to be called in an emergency:

\_\_\_\_\_  
Name Phone# City & State Relationship

**GO TO REVERSE SIDE AND COMPLERE**

**THIS FORM MUST BE RETURNED WITH THE REGISTRATION**

PLEASE SIGN ALL THREE STATEMENTS IN INK LAST NAME: \_\_\_\_\_  
**ALEXIS I duPONT HIGH SCHOOL MUSIC: MEDICAL & PERMISSION FORMS**

PERMISSION FOR MEDICAL TREATMENT & WAIVER OF LIABILITY

In the event of a medical emergency, I/We, as a lawful and legal parent/guardian of the child named on this form, give my/our consent and permission for Mr. Weaver, Mrs. Katz, Ms. Burton, or their designee to seek medical treatment for my/our child by any physician, nurse, or emergency medical technician, including, but not limited to, transport, imaging, prescriptions, injections, anesthesia, surgery, transfusions, splints, casts, or any other form of treatment deemed necessary. I/We understand that Mr. Weaver and/or his designee will make every reasonable effort to contact us and I/We hereby agree to hold him, his designee, the Red Clay Consolidated School District and its agents and employees, blameless for their decisions and/or actions in such a medical emergency. Further, I/We acknowledge that I/We are solely responsible for any and all payments and/or costs arising from emergency treatment provided to our child and we agree to pay all such costs within 45 days of billing

\_\_\_\_\_/Date \_\_\_\_\_  
Signature of parent/guardian

PERMISSION TO TRAVEL & WAIVER OF LIABILITY

I/We, lawful and legal parents/guardian of the child named on this form, give our permission and consent for our child to travel to Hershey Park (PA) and participate in all aspects of this trip. To the best of our knowledge, our child is physically and mentally healthy and we know of no restrictions which should prevent his/her participation. We agree to hold the Red Clay Consolidated School District and its employees and agents blameless and free of liability for any and all circumstances, including injury or death, which may arise from our child's participation in this trip. We understand that our child will not always be in the company of adult chaperons or school employees while on this trip.

\_\_\_\_\_/Date \_\_\_\_\_  
Signature of parent/guardian

ADMISSION AND ACCEPTANCE OF STUDENT & PARENT RESPONSIBILITY

I/We, lawful and legal parent/guardian and traveling child, acknowledge our joint understanding of and responsibility for adherence to the Red Clay Consolidated School District Code of Conducts and all other publications of the District relative to student behavior, rights and responsibilities. Further, we acknowledge that Codes, Statutes and Laws of the State of Delaware and other locales exist which may also be applicable to any action, decision or behavior of our child while he/she is on this trip. Specifically, we jointly understand and agree that the possession, use, concealment, sale, purchase or transport of any illegal substance [including alcohol], weapons pyrotechnics, contraband or other items, of knowledge of the same, shall constitute reasonable grounds for appropriate actions to be taken against us or our child by Mr. Weaver, his designee and or/the Red Clay Consolidated School District. We agree without reservation or recourse that Mr. Weaver may send our child home at any time during this trip should he believe that any action, decision or behavior by our child [or prior knowledge by our child of similar intent by others] warrants doing so. We further agree to repay all costs associated with sending our child home and agree to make full payment of such costs to the appropriate party within 30 (thirty) days of their having been incurred. We fully understand the content and meaning of this statement.

\_\_\_\_\_/Date \_\_\_\_\_ /Date \_\_\_\_\_  
Signature of Parent/Guardian Signature of Student/Child

**RETURN BY: ASAP**

**GO TO REVERSE SIDE AND COMPLETE**