

ALMA HIGH SCHOOL BAND

“The PRIDE of Alma”

Dear Alma Band Parents,

The time has arrived for High School band SPRING TRIP!! This year we will be traveling to Magic Springs in Hot Springs on Saturday, May 21st.

The cost for each student will be \$35 (Make checks payable to **ALMA BAND BOOSTERS**). Please be sure that the name of the student is written legibly on the memo line of the check or written on the envelope that you are sending the money in. This price includes the admission fee for both Magic Springs and Crystal Falls Water Park. We will not be providing any meals for the students. Therefore, students will need to bring adequate money to purchase any food, beverages, or souvenirs they may wish to buy.

Additional information and a detailed schedule will be sent home soon. Please return the medical form and permission slip to the band directors on or before Friday, May 6, 2016. If you have any questions, please feel free to contact us.

Thank you,

David Townsend
dtownsend@almasd.net

Please detach and return the bottom portion along with your Medical Treatment form and Trip Rules and Regulations Form.

Permission Slip

_____ has my permission to attend the AHS Band Magic Springs Trip
Student's Name
on May 21, 2016.

Parent/Guardian Signature: _____

I need to buy _____ tickets @ \$35.00 each. Total \$_____

All money is due by Friday, May 6th. Make checks payable to Alma Band Boosters

Band Trip Rules and Regulations Form

Rules and Regulations For Band Members Participating On Band Trip

- ♪ All Alma Public School, Alma High School Rules and Regulations stated in the AHS Handbook, as approved by the board of education, apply throughout the entire trip.
- ♪ All Rules and Regulations stated in the AHS Band Handbook apply throughout the entire trip.
- ♪ Chaperones will assist the directors in enforcing school rules.
- ♪ Students will be referred to Mr. Townsend, Mr. Myers, Mr. Jay or Mr. Morrow for disciplinary action.

Consequences for Band Members Who Commit an Unlawful Act

- ♪ Unlawful act(s) by a AHS band member will result in immediate forfeiture of all rights and privileges.
- ♪ Parent/guardian of violator will be called immediately.
- ♪ Parent(s) or guardian(s) will be responsible for all expenses incurred. This includes transporting the violator back to Alma.

Consequences for Band Member(s) Violating School Rules and Regulations

- ♪ Band Director will deal with situation on a case-by-case basis.
- ♪ Punishment may range from “shadowing” the band directors to being sent home.
- ♪ Unlawful Acts include but are not limited to shoplifting, possession/consumption of alcohol, tobacco and/or illegal drugs, destruction of public property, assault and battery.

I have read and fully understand the rules and regulations. I hereby agree to abide by the rules and regulations or suffer to consequences.

Band Member Name (Printed) _____

Band Member's Signature _____ Date: _____

I/We have read, fully understand, and agree with the rules and regulations stated above.

Parent/Guardian Signature _____ Date: _____

PERMISSION FOR MEDICAL TREATMENT

To whom it may concern:

I _____, being the parent or legal guardian of _____, do hereby authorize any necessary medical treatment and/or transportation for medical treatment for this person. I also guarantee payment of all charges incurred as the result of this treatment or transportation including physician, hospital, diagnostic, ambulance, etc.

In regard to said person, I submit the following information:

1) Allergies to food, medications, etc. (if none, write "NONE"):

2) Is this person under a physician's care for any acute or chronic medical condition?
(if so, please explain, if none write "NONE")

3) Does participant carry medications on person? (if none, write "NONE")
MEDICATION: _____
PURPOSE: _____

4) Date of last Tetanus Shot: _____

5) Physician Name: _____ Phone: _____
Office Address: _____

6) Insurance Company: _____
Address: _____ Phone: _____
Name of Policy Holder: _____ ID #: _____
Group Number: _____ Policy Number: _____

Parent or Guardian's Signature: _____ Phone: _____

PLEASE PRINT THE FOLLOWING:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____