

O'Fallon Township High School Music Department

Show Choir

Contract

Erick Price, Great Expectations Director
pricee@oths.us

othschoir.com/show-choirs



2018 - 2019

Show Choir Member Form

Please fill out the following form. This is used for a wide variety of uses, and will allow us to contact you regarding your student and various show choir events (fundraisers, concerts, competitions, etc).

The information you provide will allow us to keep you well informed in all matters.

All personal information will remain confidential.

STUDENT INFORMATION

Name: _____

Grade Level (2016 -2017): 9 10 11 12

Street Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Email: _____

T-shirt Size (adult): _____

Parent/Guardian Information

Name: _____

Address (if different than student): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Best time to be reached (circle one): Morning Afternoon Evening

Parent/Guardian Information

Name: _____

Address (if different than student): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Best time to be reached (circle one): Morning Afternoon Evening

Medical Release Form 2017 – 2018

Emergency Contact # 1: _____ Relationship to Student _____

Phone Number: _____

Emergency Contact # 2: _____ Relationship to Student _____

Phone Number: _____

Medical problems or allergies which might influence medical treatment: (if none please write, "none known")

Food Allergies: (list foods you are allergic to and physical response to said food. If none please state "none known") _____

Epi – Pen Required: Yes No Inhaler: Yes No Date of last Tetanus Shot: __/__/__

If the student is under a physician's care for ongoing medical treatment, please complete the following:

Medication (s): _____ Condition (s): _____

Family Physician: _____ Office Address: _____

Office Phone Number: _____ Insurance carrier: _____

Group Number: _____ Member Number: _____

As a parent or guardian of _____,

(Full Name of Student)

I authorize treatment of the above mentioned student by a qualified physician or nurse in the event the student should require medical treatment. I understand that should a serious or life-threatening medical emergency arise, initial treatment may be rendered by the individual, trained in first aid, if in the opinion of that individual delay might endanger his/her life, cause disfigurement, or undue discomfort. On the Medical Information form, I have listed any allergies, ongoing medical treatment, or medical problems which might influence treatment of the student. I will be responsible for changes incurred for the student's treatment. This permission is granted with the understanding that except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

In addition, I give Cristina Nordin (director), the assistant director, and the head chaperone in charge of students, permission to administer these over – the- counter medications. (Check the medications listed below that give you permission for us to administer. Please include the dosage you wish for us to give your student). If you do not permit us to administer these medications, please indicate below.

Mortrin (Ibuprofen) _____ mg

Tylenol _____ mg

Tums _____

Benadryl _____ mg

Aspirin _____ mg

Other _____

(Signature of Parent)

(Date)

STUDENT

2018 – 2019 OTHS Show Choir

Agreement and Commitment Form

These agreements must be signed by both the student AND parent. All forms (conflict form included) and the \$100 deposit must be turned in NO LATER than *Tuesday, August 28th, 2018*. They can be dropped off or mailed in an envelope with attention to Mr. Erick Price, at the Smiley Campus (600 S. Smiley St. O'Fallon, IL).

Forms and deposit can also be turned in at the parent meeting.

In becoming a member of the OTHS Show Choir Program, I agree to do my personal best to carry on the tradition of excellence and success both musically and personally. I realize that conscientious attendance and preparation for rehearsals and performances are essential for the performances for the Show Choir Program to operate successfully. I have permission to attend all extracurricular performances for all ensembles in which I am a member. Furthermore, I understand that I am a representative of the program and agree to act accordingly.

I have read the expectations and guidelines outlined in the Show Choir Handbook. I agree to follow these policies and procedures in order to become a successful member of the O'Fallon Township High School Show Choir Program.

I am aware that participation in show choir will place me in a position to be recorded or photographed. I grant my permission to the show choir, any governing body and host at the competition, and any new media, to record, use for promotion, and/or publish without any compensation to me or to my family for the use thereof.

I fully understand the conditions and guidelines set forth in the handbook and agree to abide by them.

Clause: The show choir handbook is subject to change.

(Student's Printed Name)

(Student's Signature)

Date: __/__/____

(Parent's Printed Name)

(Parent's Signature)

Date: __/__/____

PARENT

Financial and Volunteer Agreement

2018 -2019 Show Choir Program

By allowing my/our child/children to participate in the OTHS Show Choir Program, we agree to abide by all conditions and guidelines set forth in the handbook and to encourage our child(ren) to do the same. I have reviewed and understand the financial requirements for my son/daughter to participate in the OTHS Show Choir Program. I understand the financial and fundraising obligations to which I must adhere and hereby agree to abide by and fulfill all of these obligations. I agree to make my payments on time and pay all amounts in full by the dates found within the 2018 – 2019 Show Choir Handbook. If circumstances arise that impact my ability to support or meet my financial obligations to the organization, I understand I should contact the Show Choir Director and Booster President to discuss options. The goal of this discussion will be to develop a strategy to address the issue and remain in good standing. I understand my account must be current, without past due balance, to participate in the 2018 – 2019 Show Choir Program. I am aware of the Activity Fee due to OTHS, and understand that this amount is not part of the Show Choir Fees.

We also understand that active participation in fundraising and volunteering is vital to the success of the show choir program. We understand that we are needed to volunteer some time to various events in order to secure the success of this program, and our participation in fundraising events is expected.

We are aware that participation in show choir will place me or my student in a position to be recorded in both still photos and video. We grant our permission to the band, any governing body and host at a competition, and any news media, to record, use for promotions, and/or publish without any compensation to us or to our family for the use thereof.

(Parent's Printed Name)

(Parent's Signature)

Date: __/__/____

(Billing Address)

(City, State, Zip Code)

(E-mail Address)

(Home Phone #)

(Cell Phone #)

PAYMENT FORMS – Please include along with payment.

Show Choir Member

Payment Form # 6

6th and FINAL PAYMENT of \$100 due by Monday, January 28th 2019

NAME: _____

Amount Enclosed: \$ _____
(Circle One) Cash Check #: _____

Please complete payment coupon and mail with payment to:

*OTHS Show Choir, att. Erick Price
600 S. Smiley St. O'Fallon, IL 62269*

Show Choir Member

Payment Form # 5

5th Payment of \$100 due by Monday, December 17th 2018

NAME: _____

Amount Enclosed: \$ _____
(Circle One) Cash Check #: _____

Please complete payment coupon and mail with payment to:

*OTHS Show Choir, att. Erick Price
600 S. Smiley St. O'Fallon, IL 62269*

FINAL PAYMENT: \$100 due by Monday, January 28th 2019

Show Choir Member

Payment Form # 4

4th Payment of \$100 due by Monday, November 26th 2018

NAME: _____

Amount Enclosed: \$ _____
(Circle One) Cash Check #: _____

*Please complete payment coupon and mail with payment to:
OTHS Show Choir, att. Erick Price
600 S. Smiley St. O'Fallon, IL 62269*

Next Payment: \$100 due by Monday, December 17th 2018

Show Choir Member

Payment Form # 3

3rd Payment of \$100 due by Monday, October 22nd 2018

NAME: _____

Amount Enclosed: \$ _____
(Circle One) Cash Check #: _____

*Please complete payment coupon and mail with payment to:
OTHS Show Choir, att. Erick Price
600 S. Smiley St. O'Fallon, IL 62269*

Next Payment: \$100 due by Monday, November 26th 2018

Show Choir Member

Payment Form # 2

2nd payment of \$100 due by Monday, September 24th 2018

NAME: _____

Amount Enclosed: \$ _____
(Circle One) Cash Check #: _____

*Please complete payment coupon and mail with payment to:
OTHS Show Choir, att. Erick Price
600 S. Smiley St. O'Fallon, IL 62269*

Next Payment: \$100 due by Monday, October 22nd 2018

Show Choir Member

DEPOSIT

Deposit of \$100 due by Tuesday, August 28th, 2018

NAME: _____

Amount Enclosed: \$ _____
(Circle One) Cash Check #: _____

*Please complete payment coupon and mail with payment to:
OTHS Show Choir, att. Erick Price
600 S. Smiley St. O'Fallon, IL 62269*

Next payment of \$100 due by Monday, September 24th 2018
