

Performing Arts Tour Permission Form

Thursday, May 14th – Saturday May 16th, 2020

ALL Thursday (B Day) classes will be missed. Please arrange for makeup work with your teachers ahead of time.

Total Cost of Trip: \$500

\$100 due November 7th (Non-refundable, no matter the circumstances)

\$200 due February 6th (No money is refundable after this date)

\$200 due April 2nd

INFORMATIONAL MEETING: Tuesday, May 12th at 6PM in the band room (131). All scholars planning on attending the retreat and their parents are required to attend this meeting. We will answer all questions about packing lists, behavior codes, and all other details pertaining to the trip.

CONDUCT AND BEHAVIOR RULES AND REGULATIONS: The retreat is a school activity, all policies and regulations set forth by Heritage Academy apply to this trip. Each student is responsible for the integrity of this retreat. Please make wise decisions.

1. You are expected to be LADIES AND GENTLEMEN at all times. Since we represent Heritage Academy, good personal conduct is imperative. **All** school rules (including: dress code, language, public displays of affection, etc) are all in effect for the duration of the retreat.
2. You must be in your rooms at the scheduled bed check time. You may not leave your room after that time. If you are found out of your room after bed check, you will be sent home at your own/parent's expense. Contact your director or chaperone if for any reason you find it necessary to leave your room after bed check.
3. Members of the opposite sex are not permitted in each other's room.
4. Rooms must be kept orderly. All rooms must be left in order and clear chaperone approval before check-out. You will be required to pay for any room damage.
5. Pornography is not permitted at any time while involved in any portion of a Heritage activity.
6. You are not permitted to use, or be in possession of tobacco, alcohol, or illicit drugs of any kind. All prescription medications must be listed on the medical release form. Violation of this rule will result in your being sent home at your own/parent's expense.
7. You will only be allowed to leave the tour with relatives if written parental or guardian permission is received before the retreat begins. They must provide their own transportation.
8. Scholars agree to abide by all rules and regulations as outlined by employees at any and all venues on the tour. This includes museums, restaurants, performance venues, instructional venues, or theme parks.
9. Any scholar who violates any of these rules can be sent home at his or her own expense.

PARENTS

I support this opportunity and give permission for my child to participate in the Performing Arts Tour. My child and I have read the rules and regulations and agree to abide by them.

This is a No Pass, No Play activity. Scholars with excessive log entries will not be permitted to attend. Scholars with any grades below a "C" may not be permitted to attend.

All other school fees must be paid before any monies will be counted towards the Tour.

Failure to follow any of the rules set forth within this agreement will result in the student being sent home at his or her own expense.

By signing below, you are giving Heritage Academy and its proxies permission to transport your child to various locations in and around Los Angeles, CA. There are risks of physical harm or injury that could result from participating in this trip. I voluntarily elect my minor child to participate in this trip and assume the risks of harm or injury that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Heritage Academy, its officers, employees, and agents from all liability for any injury or harm to my minor child as a result of participating in any authorized activity. I further release the use of my minor child's likeness, voice, and words in video, film, and print to Heritage Academy. In recognizing that Heritage Academy only provides simple topical general first aid supplies, I hereby authorize Heritage Academy staff to assist my minor child in securing emergency medical services if such a need arises. I also hereby authorize emergency medical or surgical care by licensed medical care providers.

Parent Signature _____

Best email _____

Parent Name, Printed _____

Address _____

Parent's Cell # _____

I would like to attend as a chaperone for \$250, in addition to my scholar's fees.

STUDENTS

Having received parent permission, I acknowledge that I have read the rules and regulations, discussed them with my parent/guardian, understand the penalties for violation, and agree to abide by the rules listed.

Student Name (Please Print) _____ Grade _____

Student Signature _____ Student Cell # _____

I NEED to be considered for a PARTIAL scholarship. Scholarship decisions are made based on a variety of factors, including scholar participation in fundraising activities, instrumentation/voicing needs of the group, classroom behavior, proactive involvement in their program, and funds availability. ALL scholarship applicants MUST pay the \$100 non-refundable deposit to be considered for any scholarship.

Program (choose ONE from the list)* _____ Instructor Approval _____

Programs available for the 2020 Tour: Dance Company, Drama, Choir, Ballroom, Orchestra, Drumline

Only high school scholars who are enrolled in a performing arts program for the entire school year are permitted to attend the retreat, and then only with instructor approval. Instructor approval depends on classroom behavior, performance quality and possibly an audition. See your instructor for details.

MEDICATION FORM FOR EDUCATIONAL TOURS/TRAVEL

STUDENT NAME: _____ **Date of Birth:** _____

Any medical conditions, allergies, or other information you feel camp administrators or chaperones need to know: _____

For Prescription medications:

Medication/dosage/frequency: _____

Medication/dosage/frequency: _____

- My scholar is permitted to self-administer these prescriptions without supervision
- My scholar is NOT permitted to self-administer these prescriptions. Administration instructions are as follows: _____

Prescribing Doctor (print name): _____ Phone: _____

Doctor will only be contacted in case of a rare emergency in which medications need verification.

For over-the-counter medications:

Medication/dosage/frequency: _____

Medication/dosage/frequency: _____

- My scholar is permitted to self-administer these medications without supervision
- My scholar is NOT permitted to self-administer these medications. Administration instructions are as follows: _____

Parent/guardian name (printed): _____

Parent/guardian signature: _____ **Date:** _____

Please attach a copy of the scholar's insurance card, if they have one

- My scholar is not covered by a traditional insurance plan and we will pay for any medical emergencies out-of-pocket

Emergency Contact: _____ **Phone:** _____

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