



KJHC All-State Chorus Acceptance Form
Wednesday - Thursday, February 7-8, 2024

Congratulations to your child on making the 2024 Kentucky Junior High Chorus All-State! This event will be held Wednesday, February 7th through Thursday, February 8th in Louisville, Kentucky at the Galt House and KY Center for the Arts. It's a two-day event of rehearsing and concludes with a performance by all the All-State choral ensembles on Thursday evening.

Prior to the All-State event your child will be required to attend after school rehearsals with Mrs. Marsh. A schedule of those rehearsals will be given out once the music arrives.

Two parent chaperones are also needed for the two days we will be in Louisville. If you are interested or available please contact me at tiffany.marsh@fayette.kyschools.us

Hotel: Galt House, 140 N. 4th St., Louisville, KY 40202

Transportation: Parents are required to transport their child to Louisville Wednesday afternoon and Thursday evening following concert - see attached release form

Cost: **Registration & Music Fee:** \$65.00

Hotel expense: approximately \$95.00 (will be confirmed in January)

Meals: approximately \$50 (depending on person and restaurant – send money with child to event)

Please check a category, fill out, detach, and return with payment (\$65.00) to Mrs. Marsh no later than Friday, December 15. Checks payable to: PLD Choir.

☐ I, _____ give my child, _____

permission to participate in the 2024 KJHC All-State which will be held February 7-8 in Louisville, KY. I understand and agree to pay the costs as outlined above.

☐ I, _____ **DO NOT** give my child, _____

permission to participate in the 2024 KJHC All-State.

Signed _____ (parent/guardian) _____ (date)

*Please return this form signed no later than *Friday, December 15*.

2024 KJHC All-State Parent Pick-up Release

[illegible]

Signed _____ (parent/guardian) _____ (date)

**The student must check-out with Mrs. Marsh prior to leaving with parents.*

LAST NAME _____



Field Trip Permission Form

I, the undersigned Parent/Guardian of the student named below, understand the nature of the field trip being planned to the following location:

KJHC All-State Choir

Date: Wednesday-Thursday, February 7-8

Location: Galt House, Louisville, KY

Transportation: No FCPS Transportation provided

Cost to student: \$65.00 plus hotel cost & meals

STUDENT'S FULL NAME _____ **DOB:** _____

PARENT'S FULL NAME _____ **Emergency Contact #:** _____

PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the Field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

The student's medical form must be on file with the choir office in order to participate in field trips. It is the parent's responsibility to notify us of any changes to the student's medical record.

Parent/Guardian Signature _____ **Date** _____

From FCPS Parent Permission Form for Field Trips

LAST NAME _____

DUNBAR CHOIR

PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the Field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

STUDENT'S FULL NAME _____ **DOB:** _____

Please list any medical concerns or past medical history of which we should be aware:

Please check below if you student has allergy or sensitivity that needs to be accommodated for travel:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other: _____
☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ Heart Condition ☐ Other: _____

**** If my student requires medication, I understand that I am obligated to ensure that the medication and the (FCPS) Medication Authorization Form are on file prior to the trip and I will supply the medication in the original container on the day of the trip. For a student to self-administer any medication (prescription or non-prescription) the Self-Administration Form must be completed by their parent/guardian and physician. Please note, school staff is NOT responsible for self-administered medications. Controlled substances may NOT be self-administered.**

INSURANCE COMPANY _____ POLICY NUMBER _____

SUBSCRIBER NUMBER _____ GROUP NUMBER _____

PERSONAL PHYSICIAN _____ PHYSICIAN'S PHONE _____

Parent Home: _____ Parent Work: _____

Parent Cell 1: _____ Parent Cell 2: _____

Additional Emergency Contact: _____ Relationship: _____

Parent/Guardian Signature _____ **Date** _____

To be kept on file for all field trips during the current academic year.

Directors should mail all permission forms to **KMEA, P.O. Box 1058, Richmond, KY 40476-1058**
or email them to jessica@kmea.org. **You will not receive your music until the KMEA office has received this form and payment**



2023-2024 Kentucky Junior High Chorus Student Behavior Contract, Photo Release, and Permission Form

The following behavior is expected of all members of the Kentucky Junior High Chorus (KJHC). All KJHC members and their parents are to review, complete, and sign this form, and return it to the student's teacher.

- The student must assume responsibility for his/her behavior.
- The student must remain with the choir for ALL rehearsals/activities.
- No student may leave any rehearsal or performance without an accompanying adult.
- All students must be in their own room at curfew. No one may be in the hallway after curfew.
- The student may not visit in the room occupied by a person of the opposite sex at any time.
- The student may not use alcohol and/or drugs at any time during the conference, rehearsal, or performance.
- The teacher(or a chaperone designated by the teacher) will keep and administer all medications. Medications should be in the original container. The student may not keep any medications with him/her.
- Students must follow the requirements of the rehearsal as dictated by the conductor and/or coordinator.
- Students who do not follow the behavior requirements and rehearsal requirements will be removed from the chorus and will be sent home at the expense of the parents.
- This form **MUST** be submitted to the KMEA office with the participation fee. (Music will not be issued until KMEA has this form.)

I, _____ (Student's name), have read and agree to follow the rules of behavior for the Kentucky Junior High Chorus.

My child, _____ (Student's name), has permission to participate in the 2024 Kentucky Junior High Chorus February 7–8, 2024 in Louisville, Kentucky. I understand I am responsible for all fees, transportation, meals, and lodging. I understand I must purchase tickets to attend this concert. I acknowledge that photos taken at the All-State rehearsals and performances may include my child and that they may be used by KMEA for promotional purposes. I have read and agree to follow the rules of behavior of the Kentucky Junior High Chorus.

Student signature _____ Date _____

Parent name (print) _____

Parent signature _____ Date _____

Day phone number _____ Evening phone number _____

Teacher name _____

School _____