

## PARENTAL PERMISSION

Name of Participant: \_\_\_\_\_

I authorize my child named above to participate in the Band/Orchestra trip to **New York City** from **March 29 to March 31, 2019**.

I understand that my child will be expected to abide strictly by the rules of the Prince William County Code of Behavior, and the rules for the trip, and that any infraction may result in an immediate end to my child's participation in this Competition without refund.

I will not hold Mr. Pererya, Mr. Specketer or the parent chaperones responsible for any accidents or personal injury, or theft of, damage to, or loss of my child's personal property or for any other matter whatsoever. I furthermore agree to pay for my child's transportation home if he or she fails to follow the rules of the Prince William County Code of Behavior. Further, I am responsible for any extra expenses incurred due to my child's irresponsibility or violation of rules.

I understand that no refund is possible after November 15, 2015 and that the \$250 deposit is completely NON REFUNDABLE. I have been informed about the opportunity to purchase trip insurance, should the trip be cancelled.

I (the above named participant) have read all the rules and regulations pertaining to the Band/Orchestra trip to New York City and agree to abide by and accept the rules of the Prince William County Code of Behavior.

Participant's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### RULES FOR THE TRIP TO NEW YORK CITY

1. Students will remain in their rooms from curfew time until breakfast the next morning. They are NOT to leave their rooms under any circumstances during these times.
2. Students must make their whereabouts known to the chaperones at all times. Students will not go anywhere alone! They must be supervised by a chaperone at all times.
3. The consumption or possession of alcoholic beverages, tobacco products and the use or possession of illegal drugs is NOT permitted and is strictly prohibited.
4. A room inspection by the chaperones will be done before students check in and prior to check out. Students are not to remove items belonging to the hotel, and they are responsible for removing all of their personal items.
5. No room assignments will be changed. In most cases there will be four students to a room with two double beds.
6. The phone in the hotel room is not to be used, except to call within the hotel. Any student who uses the phone in the hotel will be responsible for the charges incurred.
7. For co-ed visitation, there must be at least four people in the room. The door must be fully open during the entire period of visitation. Only FPHS students/chaperones will be allowed in FPHS rooms. Sexual behavior of any kind is not permitted.
8. Students must understand that the hotel has other paying guests who may be annoyed by inconsiderate behavior. Remember that our students represent Forest Park High School and the Forest Park Community.

**MEDICAL INFORMATION (please print)**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Alternate person for emergency notification \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Health Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Please list any health history problems that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Preferred method of treatment: \_\_\_\_\_

List any allergies, including medication: \_\_\_\_\_

Present medications, if any. INCLUDE Over the Counter Medications! (Tylenol, Advil, etc)

\_\_\_\_\_

**NOTE!!! IN ORDER TO TAKE ANY MEDICATION** on the trip, you must fill out a separate PWCS medication form, available on [www.bruinband.net](http://www.bruinband.net), have it signed by a parent and doctor, and turn in the medication to the school nurse with the completed form **72 hours before the trip.**

Primary Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**MILITARY DEPENDENTS ONLY**

Sponsor's Name \_\_\_\_\_ Rank \_\_\_\_\_

Service \_\_\_\_\_ SS+N# \_\_\_\_\_

Duty Station \_\_\_\_\_ Student's I.D. card # \_\_\_\_\_

**IN CASE OF A MEDICAL EMERGENCY:** I/We understand that, time permitting, every effort will be made to contact us, the parents or guardian, or alternate person named above. In the event we cannot be reached, I/We hereby give permission to the physician selected by the Professional Staff, Medical Staff, or the Head Chaperone, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## LETTER OF COMMITMENT

This is a letter of commitment to be signed by both the Parent/Guardian and Student for the sole purpose of reserving space on the FPHS Band/Orchestra trip to New York City from March 29-31, 2019. This also serves as written agreement to submit payment in full for each payment date following the deposit, **November 15, 2018 and December 12, 2018.**

This form must be returned by **October 3, 2018** with a check, cash or money order for the **non-refundable deposit** of \$250 made out to Forest Park Band Boosters.

Signing this form indicates acceptance of all rules and regulations, and commits the signer to all financial obligations as outlined in the payment schedule. Refunds are not possible after November 15, 2018, and we are aware of the option to purchase trip insurance through the vendor of our choice. We understand that the first \$250 is **non-refundable.**

\*PLEASE NOTE: This cost is an estimate. The final amount will be determined after the itinerary is finalized. Extra money will only be required for shopping or souvenirs.

### Payment Schedule:

Return of Commitment Letter and **non-refundable** deposit of \$250.00: **October 3, 2018**

Second Payment of \$275.00: **November 14, 2018**

Third and Final Payment of \$250.00: **December 12, 2018**

**\*Refunds are not possible after November 15, 2018. Deposit is completely non-refundable.**

Signature of Parent / Guardian \_\_\_\_\_

EMAIL of Parent/Guardian \_\_\_\_\_

(please write clearly)

Signature of Student \_\_\_\_\_

Parents interested in chaperoning the trip – you will need to plan to pay the full cost for both you and your student. If it becomes possible to offer chaperones a discount, we will contact you. Please send Mr. Specketer an email (speckerc@pwcs.edu) with your contact information to indicate your interest.