

Signed Choir Contract – Due Friday Sept. 4, 2015

Membership in the Sharyland Choir Department offers many valuable and personal learning experiences. Therefore, it requires that each student accept a large amount of responsibility.

I hereby agree to uphold my responsibility as a member of the Sharyland High School Choir Department by following the rules and guidelines of this organization.

1. I will arrive at rehearsal on time with my music, a pencil, and a good attitude. Gum chewing will NOT be allowed at any time in the choral music building while I am supposed to be rehearsing.
2. I will be responsible for keeping all dates, as given to me by the directors open and clear of other responsibilities, unless I have already discussed **in advance** an absence with my director and filled out and handed Mr. Watkins a “Pink Form.”
3. I will attend all scheduled performances, rehearsals and sectionals unless excused in advance by my director. I understand that I will always be given at least one week advanced notice before any required activity, and that most rehearsals and performances will be announced far in advance. Therefore, it is understood that jobs and work are not acceptable excuses.
4. I understand that my grade in choir will be determined by the following:
 - a. Daily participation (attitude, cooperation, attentiveness, alertness, punctuality, and preparedness).
 - b. Attendance at sectionals, special rehearsals, and performances.
 - c. Behavior during rehearsals, concerts, special trips and activities.
 - d. Tests and music assignments.
5. I will assume responsibility for maintaining academic eligibility in order to participate in the extra-curricular activities. (Note: The scheduled concerts are “co-curricular” and do not require eligibility.)
6. I accept that on the first violation of any of the above guidelines notification to this effect may be sent to my parents, and that any subsequent violation may be grounds for my dismissal.

Student/Parent Handbook Contract

I, _____ (print name) _____ (period), **have received the Sharyland High School Choir Department *Handbook, Contract, and Calendar*, and I understand the responsibilities therein.**

Please check one of the following before signing the contract concerning our Sharyland High School Choir web page: **www.sharylandchoir.com**:

___ Please feel free to use my/my student's photo on the Sharyland High School Choir web page. (I understand that no last names will be used to identify any student).

___ Please use my/my student's photo in large group photos only on the choir web page.

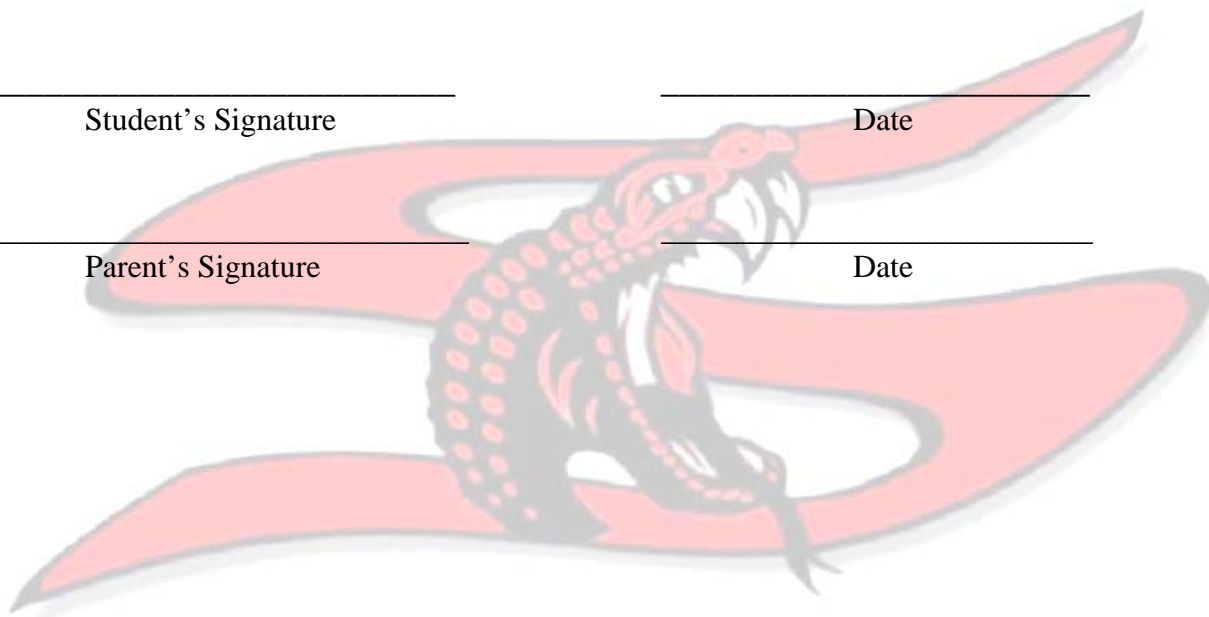
___ Please do not use any photo of me/my student on the choir web page.

Student's Signature

Date

Parent's Signature

Date



Parent Volunteer Form

Parent's Name: _____ Phone Number: _____

Parent's Email: _____

Student's Name: _____ Choir Period: _____

Please place a check (✓) by the events you can help with!

_____ 1. Chaperone: (Please check which ones you may be available for)

District/Region Choir Audition (Rowe HS, McAllen)	September 26, 2015
District Treble Choir Audition (PSJA SW HS, PSJA)	October 17, 2015
South Texas Choral Festival (McAllen Memorial HS)	TBA
Pre-Area Auditions (Rowe HS, McAllen)	November 14, 2015
District/Region/Treble/Pre-Area Clinic & Concert (UTRGV)	November 20-21, 2015
SHS Musical (SHS Auditorium)	October 24-November 1, 2015
Area Choir Audition (Rockport-Fulton HS)	January 9, 2016
UIL Solo & Ensemble (Edinburg Economedes HS)	January 23, 2016
UIL Concert & Sightreading (UTRGV)	April 12-13, 2016
Choir Banquet (TBA)	May 16, 2016
Texas State Solo & Ensemble Contest (Austin)	May 21 or 28, 2016

_____ 2. Prepare cookies, brownies, cakes, etc. (various times throughout the year – must be cleared with front office before bringing)

_____ 3. With some advance notice, I am willing to do whatever needs to be done!

2015-2016 SHARYLAND RATTLER CHOIR

TRANSPORTATION AND EMERGENCY INFORMATION

I give my choir member permission to travel on Sharyland ISD school buses and/or charter buses to and from concerts, contests and other choir activities during the 2013-2014 school year. I expect that all drivers will be certified personnel.

Should an emergency arise, I give permission for Mr. Watkins, Mr. Rodriguez, Mr. Banda, Mrs. Wilson, or any other school administrator/sponsor to authorize emergency room treatment until I can be contacted by emergency personnel.

STUDENT NAME: _____ S.S.#: _____

GRADE: _____ AGE: _____

PARENTS(S) NAME: _____

HOME PHONE: _____ CELL PHONE/S: _____

WORK PHONE: _____

RELATIVE TO CONTACT IN EMERGENCY: _____

RELATIVE'S PHONE: _____

REGULAR PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

PLEASE LIST ANY ALLERGIES THAT YOUR CHILD HAS AND/OR ANY
MEDICATIONS THAT ARE NEEDED:

Parent Signature

Date