

PLEASE READ ALL THE TRIP GUIDELINES AND DISCUSS THEM  
WITH YOUR CHILD.

PLEASE SIGN ALL AREAS (either student or parent) THAT ARE  
HIGHLIGHTED IN RED.

PLEASE COMPLETE A NEW MEDICAL FORM AND ATTACH A  
COPY OF YOUR INSURANCE CARD. If you do not have insurance  
please mark on the medical form "No Insurance" so the  
chaperones will be aware and please make sure all phone  
numbers are current and active to allow for the best and fastest  
service if needed.

PLEASE ADD A CURRENT AND ACTIVE EMAIL ADDRESS  
FOR IMPORTANT COMMUNICATIONS PRIOR TO AND  
DURING THE TRIP IF NEEDED.

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(email address)



## *EAST CENTRAL SCHOOL DISTRICT BAND BOOSTERS*

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# **EAST CENTRAL HORNET BAND OVERNIGHT TRIP GUIDELINES**

## **GENERAL**

1. All current Hornet Band, East Central High School and East Central Independent School District rules apply at all times during the trip.
2. All meals on this trip are accounted for in the original trip payment. If your student wants to purchase souvenirs, extra food or other extra items, they should bring their own money for such expenses and will be responsible for making sure any of the items get home.
3. Students must understand the Band Directors and Designated Chaperones will be over-seeing all aspects of this trip and will be in-charge at all times. Failure to follow the directions of these Directors and Chaperones may result in being sent home at their parent's expense.
4. The possession or use of any tobacco product, alcohol product, chemicals, inhalants, or any intoxicants or mood altering drugs is prohibited. Any student violating this policy will be sent home at their parent's expense and referred to his/her campus administrator.
5. Students are not to leave an assigned area for any reason or get into any vehicle other than school designated transportation.
6. Any student in violation of local, state or federal laws will be turned over to law enforcement authorities. If a student returns to the group, he/she will be sent home at their parent's expense.
7. Any student who excessively violates any trip guidelines may be sent home at their parent's expense.
8. Violation of any of these guidelines may result in permanent removal from the East Central High School Band Program.

## **TRAVELING ON THE BUS**

1. Please be aware, we will be on the buses for a long time on both the trip to and from Florida. It is recommended that each student bring a pillow and light blanket.
2. If students bring iPods, cameras or other electronic devices, we cannot be responsible for them. The student will be responsible for keeping up with such items themselves.
3. The rules for travel on the buses will require girl students on one side of the bus and boy students on the other side.

## **STAYING IN THE HOTEL**

1. The hotel requires that groups returning to the hotels after 10:00 pm go directly to their rooms and remain there except in a case of emergency.

2. There will be NO boys in girls rooms or girls in boys rooms for any reason, unless in the presence of a Band Director or Chaperone. Any student violating this guideline will be sent home at their parent's expense.
3. Students will not be out of their rooms after curfew unless accompanied by an adult Chaperone or Band Director. Students will be given a Chaperone's phone number to call in case of emergency. Any student in violation of this guideline may be sent home at their parent's expense. There will be security on the premises.
4. Any property damage caused by a student will be the responsibility of their parents to pay the expenses.
5. If the hotel must make an adjustment to another guest's account, due to excessive noise, rowdiness or any other form of misconduct, the student(s) responsible and their parents will be responsible for the amount charged back to the band.
6. Housekeeping policy states, if there are any personal items left on the floor, bed or any other areas to be cleaned, housekeepers are not allowed to move or touch guests' personal items. This will result in the room not being cleaned correctly, i.e., personal items left on the floor – the room WILL NOT BE vacuumed. Personal items left on the bed, the beds WILL NOT BE made. In order to ensure that you receive the best possible cleaning service, please have all personal items put away.

## IN CASE OF EMERGENCY

1. In the event of an emergency, every effort will be taken to contact you or the contacts on your medical form but if no one can be contacted, ultimately the Directors or Chaperones must be able to act in the best interest of the student.
  - a. New medical forms are being handed out for the Disney trip to help assure all medical information is current and accurate.
  - b. Make sure your medical form is completed with current & accurate phone numbers.
  - c. Make sure you are aware you are responsible for any medical expenses incurred.
  - d. Make sure insurance information is supplied for the fastest possible treatment.
  - e. If you do not have insurance, please write on the medical form "No insurance" so the Band Directors and Chaperones will be aware.

## COMMUNICATIONS

1. A contact phone number will be supplied to all parents in case you require emergency contact.
2. Please provide a current readable email address so we may provide trip updates & information prior to and during the trip. WITHOUT a valid email address you WILL NOT receive these updates.

## IN CLOSING

The guidelines published here must be stated for everyone's mutual understanding. With that said, we have a great group of students and do not anticipate any problems whatsoever as long as the guidelines are followed. We think this is going to be a fantastic life experience for everyone involved and one of those memories that will last forever. There will be a trip meeting scheduled for 3/4/2010 and all parents and students should make plans to attend.

My child, \_\_\_\_\_, has permission to attend the East Central High School Band trip to Florida. I understand the band will leave on Sunday, March 14, 2010 and will return on Friday, March 19, 2010 with exact times to be announced at a later date. I understand I am responsible for providing transportation to and from the high school on those dates.

Transportation will be by charter bus. The cost of this transportation was provided for with the \$785 trip payment. I understand if this trip payment has not been paid in full, my child will not be able to take the trip. I also understand my child must be an eligible participant in the band and passing all classes to remain eligible.

I understand and agree to support all state laws and rules set forth by the Hornet Band, East Central High School, East Central Independent School District (ECISD), Band Directors and Chaperones. Any serious infraction or repeated infractions will result in my child being sent home immediately by commercial carrier at my expense.

I release from liability and agree to hold harmless the Hornet Band, East Central High School, ECISD, and all adult chaperones.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number during Trip)

Please sign one of the following;

\_\_\_\_\_ Yes, my child may swim in the hotel swimming pool. I understand there is no life guard on duty. Swim at your own risk.

\_\_\_\_\_ No, my child may not swim in the hotel swimming pool.

**GUIDELINE AGREEMENT**

I understand and support the attached guidelines for the Florida trip. I will follow them. I also understand that the success of the trip depends on my actions and I will cooperate fully with all adults on the trip. Actions not in the best interest of the band program, actions in violation of these guidelines, school rules and local, state, and federal laws will be corrected, and when warranted, disciplinary action will be taken including being sent home at my parent's expense. I have reviewed these guidelines with my parents.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**MEDICAL RELEASE FORM**  
**EAST CENTRAL HIGH SCHOOL BAND**  
**PLEASE PRINT**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ (circle one): Male / Female

City / Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Alternate Adult Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information:** Circle any health conditions that apply:

Asthma	ADHD/ADD	Diabetes	Frequent Nosebleeds
Heart Disease	Ear Problems	Cerebral Palsy	Wears Glasses/Contacts
Down's Syndrome	Epilepsy	Headaches/Migraines	Spina Bifida

Other Health Problems (please list): \_\_\_\_\_

List allergies to food, medications, other. (If None, so state).

Does student carry medication? (If None, so state).

Name of medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_

May your child have:      Tylenol      Aspirin      Motrin      Advil

Additional medical information or comments:

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**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (Front & Back) TO THIS FORM**

The above named student has my permission to participate in band-sanctioned activities as a member of the East Central High School (ECHS) Band program. Students, even when off-campus, are still subject to school rules and regulations when participating with the ECHS Band. I understand that any student who does not conduct himself/herself properly may be (1) sent home at the parent's expense; (2) prohibited from participating in future activities of this organization; and/or (3) subject to other appropriate disciplinary action.

By signing this document, the parent and/or legal guardian releases the East Central Independent School District and the East Central Band directors, chaperones, volunteers, etc. from any and all claims resulting from injury of the above named student or loss of property of the above named student while participating in any activities connected with the ECHS Band.

In the event that the above named student requires medical treatment deemed necessary by first aid and/or emergency medical personnel, and the above named contacts cannot be reached, I the parent/legal guardian of the above named student, do hereby authorize the Directors / Chaperones to be consulted with, and consent to, any medical treatment deemed necessary by any doctor, nurse, or other medical personnel. I also guarantee payment of all charges incurred for the treatment such as, but not limited to: physician, hospital, x-ray, lab, medication/drugs, and EMS.

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Parent / Legal Guardian Signature

Date

Band Representative Witness