

Performing Arts Retreat Permission Form

Wednesday, January 8th – Saturday January 11th, 2020

4A on Wednesday and ALL Thursday (B Day) classes will be missed. Please arrange for makeup work with your teachers *ahead of time*.

Total Cost of Trip: \$250

\$50 due August 22th (Non-refundable, no matter the circumstances)

\$100 due October 24th (No money is refundable after this date)

\$100 due December 5th

INFORMATIONAL MEETING: Tuesday, January 6th at 6PM in the band room TBD. 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 retreat with relatives if written parental or guardian permission is received before the retreat begins. They must provide their own transportation. Relatives are more than welcome to attend our performance on Saturday.
8. Scholars agree to abide by all Emmanuel Pines Camp rules and regulations as outlined by camp employees.
9. Any scholar who violates any of these rules can be sent home at his or her own expense.

FAMILY VISITORS: There are a small number of family-sized cabins available to rent for Friday night ONLY for families who wish to see the Saturday morning performances. Please email APhelps@heritageacademyaz.com for information about pricing, cabin size, meal options, and any other limitations. Maricopa Contacts: stephanie.schw@heritageacademyaz.com or marcus.ellsworth@heritageacademyaz.com

HERITAGE ACADEMY FINE ARTS RETREAT PERMISSION FORM

I support this opportunity and give permission for my child to participate in the Fine Arts Retreat. 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" at the end of the fall semester may not be permitted to attend.

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

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 Emmanuel Pines Camp in Prescott AZ. 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 \$50 non-refundable deposit to be considered for any scholarship.

I want to sign up with ONE cabin buddy (optional): _____

Cabin buddies must be of the same gender. Cabin buddies do not need to stay together in any other setting, such as performance groups or on the bus.

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

Programs available for the 2020 retreat Art, Dance, Non-Musical Drama, Choir, Show Choir, Ballroom, Full Orchestra, Drumline, Slam Poetry, Yearbook/Photography/AV

**All of these programs are subject to enrollment. If any program is cancelled, scholars enrolled in that program will be*

given an opportunity to choose another program instead.

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:** _____

Emergency Contact: _____ **Phone:** _____