

General Schedule-13th Annual Forte Retreat

Saturday, August 11th

12:30 – Meet at PHS



1:00 – Depart PHS

2:45 – Arrive at Glen Lake Conference Center

3:15 – Rehearse 🎵

6:00 – Yummy dinner prepared by chaperones!

7:00 – Rehearse 🎵



9:00 – Night Recreation

10:00 – Mafia!

Sunday, August 12th

9:00 – Breakfast in lodge



9:45 – Rehearse 🎵

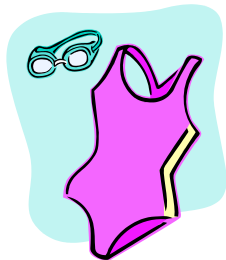
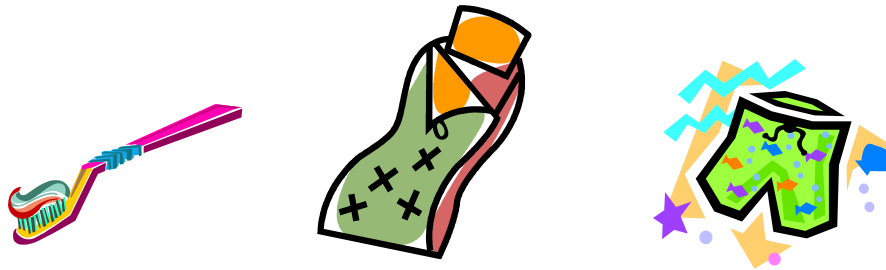
10:15 – Scavenger Hunt

11:00 – Lunch



11:30-1:30 – Swimming

Pack and leave by 2:30



Stuff to Bring

Linens -sleeping bag/quilts, pillow

Bath towel

Digital cameras/Cell phone

Phone charger

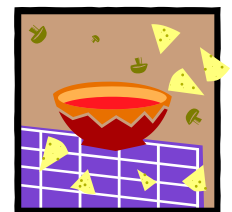
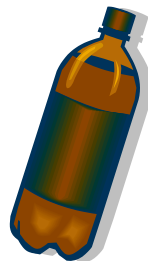
Bug spray/sunscreen

Toiletries -soap, toothbrush, etc.

Athletic/tennis shoes for activities

Swimsuit

Change of clothes/PJs



Yummies to Bring

Girls – One liter of your favorite drink

Your favorite sweet snack (candy, cookies, etc.)

Guys – One liter of your favorite drink

Your favorite salty snack (chips, dip, etc.)



We will eat Saturday dinner and breakfast/lunch on Sunday in our lodge prepared by our chaperones.

Bottled water for the weekend will be provided.

J. J. PEARCE HIGH SCHOOL CHORAL DEPARTMENT

Michael Lysinger, Director

Laura Taylor, Director

Luggage and Carry-on Bag Check – Parent Verification Form Forte Retreat, August 11-12, 2018

I, (Parent/Guardian) _____, have checked my student's luggage and all carry-on bags and verify that they do not contain tobacco products, alcohol, controlled substances or other materials or items prohibited by Federal and State Law, Richardson ISD or Pearce High School. Properly prescribed medications or over-the-counter medications that have been noted on the PHS Choir Medical Form (signed by a parent/guardian) are allowed.

Possession of any prohibited items will be cause for the student to be returned home at their parent's expense. The student will also be subject to consequences outlined in the RISD Guidelines for Extra-Curricular Students and will be subject either to probation or removal from the choral ensemble.

Parent name (Please print)

Student name (Please print)

Parent signature

Date

J. J. PEARCE HIGH SCHOOL CHOIR
RICHARDSON INDEPENDENT SCHOOL DISTRICT
MEDICAL RELEASE FORM

I hereby grant my son/daughter/ward _____, my permission to attend J. J. Pearce High School Choir functions and trips for the 2018-2019 school year. I understand that the field trip activities will be supervised by adult leaders.

I hereby release the Richardson ISD and all its supervisors, employees, representatives, chaperones and/or volunteers from any and all liability and/or claims and/or cause of actions, individually or collectively, for any damages or injuries or loss of property which might occur during the field trip, or traveling to and from the field trip destinations.

Parent/Guardian Signature: _____ Date: _____

Address/City/Zip: _____

Phone #: Home: _____ Work(M): _____ Cell(M): _____

Phone #: Home: _____ Work(F): _____ Cell(F): _____

In case I cannot be reached, please contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

MEDICAL INSURANCE

Insurance Company: _____ Group #: _____

ID. #: _____ Coverage Verif Phone #: _____

Name of Policy Holder: _____

MEDICAL INFORMATION

Allergies (include drugs): _____

Asthma: _____

Epilepsy: _____

Heart Disease: _____

Other: _____

Prescription medications:

PLEASE SEE BACK OF FORM

Please check any non-prescription medications that may be administered to your child

When necessary;

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Midol	<input type="checkbox"/> Emetrol	<input type="checkbox"/> Actifed
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Aleve	<input type="checkbox"/> Imodium	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antacid (tablets)	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Cough Syrup	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Dramamine
<input type="checkbox"/> Neosporin			

Other medications: _____

Physician: _____ Phone: _____

My child has my permission to go swimming on choir trips should there be an opportunity.

Blood Type: _____

Authorization is hereby given for administration of any medical treatment deemed necessary during any choir trip or during any choir activity. Such treatment will be administered only by a licensed nurse, paramedic or doctor.

I agree to accept responsibility for all authorized doctor, hospital, and medical expenses incurred on any trip. In case of serious illness, I hereby grant permission for school employees to secure medical services for the student named on this form.

Parent/Guardian signature

Date

SPRING TRIP REVIEW

For use in Spring Semester only. Please make any updates or corrections and sign below

Spring trip review signature

Date

2018-2019 Extracurricular Activity Acknowledgment and Agreement Form

Student Statement:

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I agree to comply with all rules and regulations in these guidelines and any additional rules adopted by my school as a condition of participation as a member of an extracurricular activity. I understand that my failure to comply with these guidelines may result in disciplinary action, including dismissal from all extracurricular activities.

Printed Name of Student

Student Signature

Date Signed

Parent/Legal Guardian Statement (for students under 18 years of age):

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I understand that my student must comply with all rules and regulations written in these guidelines and any additional rules adopted by my student's school as a condition of participation in an extracurricular activity. I understand that his or her failure to comply may result in disciplinary action, including dismissal from all extracurricular activities.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date Signed