

# Choir Contract

Student Name \_\_\_\_\_ Choir \_\_\_\_\_

\_\_\_\_\_  
Student Initials

I have read the table of dates above and have reserved the days of the choir engagements on my calendar. I will report any concert conflicts to my director immediately.

\_\_\_\_\_  
Student Initials

I have read and understand the contents of the Jenison HS Choir Handbook and agree to abide by the guidelines/policies. I understand the uniform policy and will make the necessary arrangements to be prepared for Picture Day on October 9th.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Student and/or Parent Initials

I have logged into Charms and have updated my contact information.

\_\_\_\_\_  
**Parent** Initials

I have read and will support my student in following the choral handbook and the high school handbook.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

[P]  
[SEP]

This form is due on Wednesday, August 28, 2019

# Parental Consent for Participation/Medical Treatment

School Related Event: All Choir Related Events  
Date of Event: 2018-18 School Year  
Approximate Time of Departure: TBA  
Approximate Time of Return: TBA  
Method of Transportation: TBA

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

Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Allergies/Medical Conditions: (All info shared on a need to know basis only):  
\_\_\_\_\_  
\_\_\_\_\_

I/we, being the parent(s) or legal guardian(s) do hereby grant permission for the activity as detailed above. I/we also grant permission for medical care, dental care, surgical care, or hospitalization to be provided if, in the opinion of a chaperone or medical personnel, it is deemed necessary.

It is also understood that the Jenison High School Discipline Policy, as detailed in the Jenison High School Handbook/Planner, is in force during every school sponsored activity. If you have any questions, or if you would like a copy of the Jenison High School Discipline Policy, please call the high school office, 457-3400.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Numbers (home): \_\_\_\_\_ (work): \_\_\_\_\_

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

## Medical Insurance Coverage Information

Insurance Company: \_\_\_\_\_

Contract or I.D. Number \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Telephone: \_\_\_\_\_

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