

**UPPER ST. CLAIR SPRING MUSIC TRIP
ORLANDO, FLORIDA
APRIL 8 – APRIL 12, 2010**

Dear Parent/Guardian:

In preparation for our trip to Orlando this spring, it is time for your son or daughter to select roommates, and for you to complete other important forms. **These forms must be completed and returned by January 31, 2010.**

STUDENT NAMES ON ALL FORMS MUST IDENTICALLY MATCH THE NAME THAT APPEARS ON THEIR PHOTO ID. AIRLINES WILL NOT ALLOW PASSENGERS TO BOARD FLIGHTS WITHOUT THE NAME ON THE TICKET IDENTICALLY MATCHING THE NAME ON THE PHOTO ID AND PHOTOS ID'S ARE REQUIRED IN CASE MEDICAL TREATMENT BECOMES NECESSARY.

The total cost of this trip is projected to be \$1,300 per student. You will soon receive, if you have not already received, information concerning the amount of money your student has accumulated in his or her incentive account. Remember, the more money your student raises in fundraising, the lower your out of pocket cost will be. There are a few fundraising opportunities remaining before the final trip payment is due on March 17, 2010 (you will receive a final accounting and bill the 1st week of March). Any questions about instrumental student incentive accounts should be directed to Dale Boyer (Band Parents Incentives Chair) and any questions about Choral incentives should be directed to Lauren Trocano (Choral Boosters Incentives Chair).

Please complete a separate set of forms for each student participating in the trip:

- (1) BUDDY-ROOMMATE & PERFORMANCE FORM
- (2) PARENT CONSENT & HEALTH FORM (be sure this is completely filled out)
- (3) DIETARY FORM
- (4) REIMBURSEMENT & RELEASE AGREEMENT
- (5) GENERAL RULES (return with signature)
- (6) GENERAL RULES (retain for your files)
- (7) REQUIRED ADDITIONAL APPAREL
- (8) Cancellation form (do not return this form unless you are canceling a trip reservation)

Be certain that all sheets have been properly signed and dated in all the indicated areas. **Return forms one (1) through five (5) by January 31, 2010** to:

Jim Gilson, 1327 Moon Ridge Drive, Upper St. Clair, PA 15241

If you feel you have any confidential issues that need special consideration, please do not hesitate to call any of the trip chairs to discuss.

The **MANDATORY PARENT/STUDENT PRE-TRIP MEETING** will be held on **Wednesday, March 17, 2010 at 7:00 PM** in the high school theater. At this meeting, the trip itinerary will be discussed, the trip chaperones will be introduced, and you will have a chance to ask questions. **Every student participating in the trip and his or her parent or guardian must attend this meeting.**

Please note: Unless all forms have been completed and received by January 31, 2010 and all fees have been paid by March 17, 2010, the student cannot participate in the trip. If you have any questions, please call Jim Gilson (412-915-2616), Tara Gilson (412-220-6077), Dale Boyer (412-831-8367), or Sandy Thompson at (412-851-1452). We appreciate your cooperation.

Sincerely,
Jim & Tara Gilson
Dale Boyer
Band Parents Assoc Trip Chairs

Sandy Thompson
Choral Boosters Trip Chair

BUDDY - ROOMMATE FORM

UPPER ST. CLAIR SPRING MUSIC TRIP ORLANDO, FLORIDA APRIL 8 – APRIL 12, 2010

1 Your Name _____ Male ___ Female ___
Last, First (Print – as it appears on Photo ID)

Group(s) _____
(Band, Orchestra, etc. - see list below)

2 Buddy's Name _____
Last, First (Print)

Buddy's Group(s) _____
(Band, Orchestra, etc. – see list below)

You may also list the name of 2 other participants with whom you would prefer to room (these 2 must also have registered as each other's buddy). The sooner applications are received the more likely your request for roommates will be honored.

3 _____

4 _____

Do not list someone as your buddy or roommates **without checking with them first!!!**

THERE WILL BE **FOUR STUDENTS** IN A ROOM - **NO EXCEPTIONS!**
Getting buddies in the same room will be the first priority;
roommate preferences will be honored whenever possible.

PERFORMANCE FORM

Your Name _____ Circle: *Freshman* *Sophomore* *Junior* *Senior*
Last, First (Print)

Please **circle only one**: Band Only Crossover (Band & Choral) Choir Only

Check each group in which you will participate at the festival (if offered). Any questions, ask your director:

____ Marching Band	____ Band Managers	____ Combined Choir
____ Color Guard	____ Wind Ensemble	
____ Majorettes	____ Wind Symphony	
____ Pantherettes	____ Orchestra	
____ Drum Line		

**Please complete both forms on this page and
return intact to Jim Gilson, 1327 Moon Ridge Drive, Pittsburgh, PA 15241.**

PARENT CONSENT AND HEALTH FORM

(If additional space is needed for any answer, please use the back of this form.)

Student's Name (as it appears on Photo ID) _____ Age _____

Parents/Guardian's Name(s) _____

Address _____

Parents/Guardian's Name(s) Phone: Home _____ Work _____ Cell _____

Parents/Guardian's Name(s) Phone: Home _____ Work _____ Cell _____

1. Student's medical conditions, health concerns or life threatening problems. (If none, so state.) _____ None

2. Student's allergies to foods, medications, insects, etc. (If none, so state.) _____ None

3. If the student takes any medication routinely, please specify. (If none, so state.) _____ None

Name(s) _____ Dosage(s) _____

Name(s) _____ Dosage(s) _____

Name(s) _____ Dosage(s) _____

4. Will the student be carrying any medication? _____ Yes _____ No

If Yes, what is it? _____

WE MUST HAVE A SIGNED PRESCRIPTION BLANK OF ALL PRESCRIPTION MEDICINES BEING ADMINISTERED. THIS WILL INSURE PROPER DOSAGE OF MEDICINE AND ALSO ENABLE REPLACEMENT IF MEDICINES ARE LOST OR MISPLACED. IF YOU FEEL ANY MEDICATION IS REQUIRED WHICH MIGHT BE URGENTLY NEEDED BEFORE A PRESCRIPTION COULD BE FILLED, YOU MUST NOTIFY THE TRIP CHAIRS.

5. Year of student's last tetanus shot _____ *Please be accurate. Must be completed! (Must be within 10 years.)*

6. Does the student wear contacts? _____ Yes _____ No

7. Family Physician _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

Relationship _____

I hereby give my consent for my son/daughter named above to have medicines administered and/or treatment rendered as deemed necessary by the attending physician and/or nurse. Please note that USA privacy laws prevent the obtaining of medical information from anyone other than a spouse or a parent, consequently a working cell phone is recommended.

PARENT/GUARDIAN SIGNATURE _____ Date _____

HEALTH INSURANCE INFORMATION

HEALTH INSURANCE COMPANY _____

SUBSCRIBER'S NAME _____ IDENTIFICATION NO. _____

GROUP NO. _____ COVERAGE CODE _____

EACH LINE OF THIS FORM MUST BE COMPLETED, OR IT WILL BE RETURNED TO YOU.

DIETARY INFORMATION

**UPPER ST. CLAIR SPRING MUSIC TRIP
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A response is required from each student, even if there are no restrictions.

Does your child have dietary restrictions?

_____ Yes _____ No

If yes, please explain in detail below:

Please note that we expect most all meals to be either in the form of food vouchers in the Disney Parks or at a buffet style restaurant. If you have any other questions, please call Tara Gilson (412-220-6077) or Sandy Thompson (412-851-1452).

Student's Name (Print)

Parent's/Guardian's Signature

Date

Parent's/Guardian's Name (PRINT)

Please complete and sign this form and return to Jim Gilson.

**GENERAL RULES FOR THE UPPER ST. CLAIR SPRING MUSIC TRIP
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The following rules have been designed to help each Student have an enjoyable trip. It is expected that students will at all times be courteous and considerate to all others, and will act in such a way as to reflect favorably on themselves, our Band, Orchestra, Choirs, USC High School and our community.

1. No smoking.
2. No usage or possession of alcoholic beverages or drugs at any time. **FOR THE WELFARE OF MY CHILD, I HEREBY GIVE CONSENT FOR HIS/HER CHAPERONE AND/OR THE BAND DIRECTOR TO ENTER MY CHILD'S ROOM AND PERIODICALLY CHECK BELONGINGS.**
3. Curfew will be in effect in the hotel. The time will be designated by the trip chairpersons. Lights out at 11:30 P.M.
4. Students must stay in their assigned rooms after curfew. Room checks will be made by chaperones and staff.
5. Students may not leave the hotel area or any amusement area at any time unless instructed by chaperones or staff.
6. Students will not entertain visitors at any time during the trip without prior knowledge and consent of chaperones or staff.
7. Students are not allowed to rent or ride anything which requires a deposit, or to take part in activities which require release forms, e.g., bungee jumping.
8. Students may not throw anything, including water, from hotel windows or balconies, nor use squirt guns, water balloons, etc.
9. Students may not enter the rooms of members of the opposite gender.
10. Room damages and missing items will be the responsibility of all the students sharing the room, unless the individual or individuals responsible can be determined.
11. Students will be expected to be considerate of all chaperones and other students, and refrain from use of any language or behavior which will cause embarrassment to any chaperone or to the group.
12. A student will not be permitted to go on the trip unless all forms have been turned in and unless all payments have been received by the Band Parents Association.
13. If your child decides thirty (30) days/one month before the trip that he/she will not participate in the trip, he/she will be responsible for paying the total amount of the trip cost.
14. All students going on the trip are expected to abide by the rules of Upper St. Clair High School, as listed in the student handbook.
15. **IF A STUDENT DISREGARDS THE TRIP RULES, HE/SHE WILL BE SENT HOME AT THE PARENT'S/GUARDIAN'S EXPENSE!**

Student's Name
(Printed as it appears on their Photo ID)

Student's Signature

Date

Parent's/Guardian Name (Print)

Parent's/Guardian Signature

Date

(Please sign and return this copy.)

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(Please retain this copy for your records and reference.)

REQUIRED ADDITIONAL APPAREL

A black polo style music department shirt embroidered with an Upper St. Clair logo is required for all marching band members (including majorettes, pantherettes and color guard members), managers, orchestra members, choral members and other instrumental band members.

- All marching members and those that went on previous trips should already have a black shirt.
- **Chaperones must also have this shirt.**

For shirt sizing, availability and cost please contact:

**Mrs. Cindy Egeland
115 Locust Lane
Upper St. Clair, PA 15241
(412) 835-5851**

REMEMBER: Size availability is limited to our inventory - sizes are available on a first come, first serve basis. Please order as soon as possible. Shirts can be picked up at the above address or they will be distributed at the pre-trip meeting.

Make checks payable to: **"USC BAND PARENTS ASSOCIATION"**