

2017 JV Winter Guard Competitions
East Side Union High School District
Department of Insurance and Risk Management
830 North Capitol Avenue
San Jose, CA 95133
(408) 347-5061

FIELD TRIP AUTHORIZATION & RELEASE

Dear Parent/Guardian:

Student Name: _____ Age: _____ ID#: _____

Address: _____ City: _____ Zip: _____ Phone: _____
has my permission to participate in the activity shown below.

2017 JV Winter Guard Weekend Competitions

Date: 1/7, 1/28, 2/11, 3/11, 3/25, 4/1

Meeting Place: STHS to carpool to venue

Time of Departure: TBD Time Returning: TBD

Transportation Provided By:

School Transportation: Yes No

Voluntary Drivers: Yes No (Drivers must complete a Personal Vehicle Use Form)

Students riding in the private cars must complete a Transportation Authorization or have one on file.

I am aware that during any trip or excursion injury or death may occur from hazards, including but not limited to, hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting my Student to participate in the above activity with the knowledge of the hazards involved and I agree to accept any and all risks of injury or death.

 **Parent/Guardian please initial here:** _____

In consideration of Student's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **East Side Union High School District, its officers, agents or employees** for injury, death or property damages arising from the negligence or acts by the East Side Union High School District, its officers, agents or employees, as a result of Student's participation in the activity described above.

In addition, I release and discharge the **East Side Union High School District, its officers, agents and employees** from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury, death or property damage resulting from Student's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, _____ (**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/WARD AND REPRESENT THAT MY CHILD/WARD UNDERSTANDS THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

 _____
Parent/Guardian's Signature

Date

***** PLEASE COMPLETE BOTH SIDES OF THIS FORM *****

If Student is under the age of 18:

Name of Parent/Legal Guardian: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Home Telephone No.: _____ Work: _____

MEDICAL AUTHORIZATION- The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the **EAST SIDE UNION HIGH SCHOOL DISTRICT and Santa Teresa Music and Arts Association (STMAA)** to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless East Side Union High School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Student's Physician: _____

Physician's Address: _____ Telephone No.: _____

Medical Insurance: _____ Group Number: _____

Subscriber's Name: _____ ID Number: _____

Employer's Address: _____

CANCELLATION NOTIFICATION – I am aware that in the event the field trip is cancelled the East Side Union High School District will not be responsible for reimbursing any costs/expenses incurred.

 **Parent/Guardian please initial here:** _____ 

 _____ **Parent/Guardian's Signature** _____ **Date** _____ 

Parent/Guardian's Signature _____ **Date** _____

Please list any allergies or special medical conditions of Student:

TEACHER ACKNOWLEDGEMENT:

Per.	Class	Signature and Date
1		
2		
3		
4		
5		
6		
7		

**TRANSPORTATION AUTHORIZATION
(Vehicle driven by self and/or another adult person)**

The undersigned hereby acknowledges and understands that East Side Union High School District is not providing transportation to voluntary school-sponsored activities and that it is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter _____, to provide his/her own transportation in a self-driven vehicle and/or to ride as a passenger in a vehicle driven by another adult.

The undersigned acknowledges and understands the driver is not driving on behalf of, or as an agent of the District. Further, the undersigned understands the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

It is fully understood that the District is in no way responsible, nor does the District assume liability for any injuries or losses resulting from this non-District sponsored transportation. Although the East Side Union High School District may recommend travel time, routes, or assist in coordinating the transportation to or from this event, I fully understand that such recommendations are not mandatory.

I, the undersigned, further understand that under certain circumstances, the District may occasionally provide District sponsored transportation to an event but not necessarily return transportation from the event. Should this transportation be offered, it is strictly voluntary.

_____	_____
Parent's/Legal Guardian Signature	Date
_____	_____
Parent's/Legal Guardian Signature	Date

2017 Winter Guard JV Practice and Competition Schedule

JV Guard Practice Schedule Overview

Tuesdays & Thursdays from 5:00-8:30pm

Competition Schedule Overview

Saturday January 7th-CCGC Evaluation Show @ James Logan HS

Saturday January 28th-CCGC Competition @ James Logan HS

Saturday February 11th-CCGC Competition @ Independence HS

Saturday March 11th-CCGC Competition @ Lynbrook HS

Saturday March 25th-CCGC Competition @ Fremont HS

Saturday April 1st-CCGC Championships @ Independence HS

Detailed JV Schedule

Tues. 12/6 5:00-8:30pm MPR

Thurs. 12/15 5:00-8:30pm MPR

Additional Saturday practice TBD

Tues. 1/3 5:00-8:30pm MPR

Thurs. 1/5 5:00-8:30pm MPR

Friday 1/6 2016 Marching Band Banquet 6:30pm MPR

Saturday January 7th-CCGC Evaluation Show @ James Logan HS

Tues. 1/10 5:00-8:30pm MPR

Thurs. 1/12 5:00-8:30pm MPR

Add a practice 1/16 MLK holiday?

Tues. 1/17 5:00-8:30pm MPR

Thurs. 1/19 5:00-8:30pm MPR

Tues. 1/24 *Location TBD*

Thurs. 1/26 5:00-8:30pm MPR

Saturday January 28th-CCGC Competition @ James Logan HS

Tues. 1/31 *Location TBD*

Thurs. 2/2 5:00-8:30pm MPR

Tues. 2/7 *Location TBD*

Thurs. 2/9 5:00-8:30pm MPR

Saturday February 11th-CCGC Competition @ Independence HS

Tues. 2/14 5:00-8:30pm MPR

Thurs. 2/16 5:00-8:30pm MPR

February Break 2/20-2/24 TBD

Tues. 2/28 5:00-8:30pm MPR

Thurs. 3/2 5:00-8:30pm MPR

Tues. 3/7 5:00-8:30pm MPR

Thurs. 3/9 5:00-8:30pm MPR

Saturday March 11th-CCGC Competition @ Lynbrook HS

Tues. 3/14 5:00-8:30pm MPR

Thurs. 3/16 5:00-8:30pm MPR

Tues. 3/21 5:00-8:30pm MPR

Thurs. 3/23 5:00-8:30pm MPR

Saturday March 25th-CCGC Competition @ Fremont HS

Tues. 3/28 5:00-8:30pm MPR

Thurs. 3/31 5:00-8:30pm MPR

Saturday April 1st-CCGC Championships @ Independence HS

TBD Winter Programs "Home Show"