

The Power Company Family of Show Choirs



Power Company & The Current Forms Packet

Welcome to the Power Company Family of Show Choirs and the annual Show Choir Parent meeting. In addition to the formal meeting which begins at 7:00 PM sharp, we ask that you stop by each of the following "information stations". We have parents staffing each of the stations to ensure that all your questions are answered. The stations will be open from 6:00-6:55 PM and again following the meeting. Feel free to go in any order but please make sure that you visit each station.

“Information Stations” Checklist

- _____ **Table 1** **Contact Information** - It is very important that we have every members emergency contact information including cellphone numbers. Email addresses are also vital as this is the main form of communication that we use for information updates and changes.
- _____ **Table 2** **Payments** - Your first Payment is due July 1 but we would love to receive it tonight. Please use the first payment voucher in this packet to make your initial payment. You will also turn in the most of the sheets in this packet at this time.
- _____ **Table 3** **Fanwear** - Pick up your fanwear at this booth. It is great to see everyone wearing Show choir apparel at all of the competitions and show choir events.
- _____ **Table 4** **Event Table** - Sign up today to work an event or just to learn a bit more about the many events that we sponsor throughout the year. We count on parent participation to ensure the success of these events. Thanks for your willingness to help!

Contact Information

We communicate almost exclusively through email. Please provide your primary email to help us communicate upcoming and important announcements and information.

Home Phone _____ Address _____

Mom Cell _____ Mom Work _____ Mom Email _____

Dad Cell _____ Dad Work _____ Dad Email _____



INDEPENDENT SCHOOL DISTRICT 110
Waconia Public Schools

Medical/Insurance Release & Liability Waiver Form

This form goes along on all destination tours/activities. Please, fill out completely.

Student Name: _____ Date of Birth: _____

Home Address: _____

Contact Information:

1. Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

2. Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

3. Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Medical Information:

Health Conditions: _____

_____ Date of Last Tetanus Shot: _____

Allergies: _____ Dietary Needs: _____

Family Physician: _____ Ph: _____ Location: _____

Health Insurance Company: _____ Policy #: _____

Medications:

Medication: _____ Dose: _____ Frequency: _____

Medication: _____ Dose: _____ Frequency: _____

Medication: _____ Dose: _____ Frequency: _____

Note: Medications must be in original container or prescription bottle and will only be administered according to directions on over-the-counter medication bottles or physician orders.

Parental Consent/Responsibility Clause/Medical Permit

I give _____ (name of student) permission to participate in the _____ (Destination) tour/activity. I understand that Waconia Public Schools (ISD 110) and every person involved in this tour/activity is not to be held liable for any death, injury, damage, delay, or irregularity that may occur on this tour/activity. If my child needs to take medications while on this tour/activity, I give permission for him/her to do so. I understand that medications must be carried in the original (labeled) container and that prescription medications must be listed on this form. If there is an emergency, I give consent for a qualified physician to perform the necessary procedures. I understand that the staff will make every effort to contact me before any action is taken. I authorize the physician to hospitalize and use medications as he/she deems medically needed. If a licensed physician is traveling on the tour, I authorize him/her to administer medications that may arise while on tour/activity.

Parent/Guardian Signature: _____ Date: _____

Power Company & The Current Consent and Permission Form

This form needs 3 signatures from parents and 2 from student

Alcohol Drugs and Tobacco Guidelines

Alcohol, Drugs, and Tobacco - All members must obey all the rules of the Minnesota State High School League regarding the use of alcohol, drugs and tobacco. Failing to follow these policies will result in consequences as laid out by the Minnesota State High School League. If a violation of the MSHSL rules occurs while on an overnight trip, the student's parents will be called, and the student may be sent home at the parent's expense and student may be immediately dismissed from the group.

All personal belongings may be subject to search by the school Liaison officer and/or other school administrators, and Mr. Olson prior to boarding the bus for a competition.

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I have read the above information regarding the use of alcohol, drugs, and tobacco, and I agree to abide by the guidelines set forth by the MSHSL. I also understand that student's personal belongings may be searched and in the event of a violation of MSHSL rules students may be sent home at the parent's expense.

Student Signature

Parent/Guardian Signature

Power Company & The Current Competition Tour Permission

I give my son/daughter permission to travel by bus or school van to competitions and other performances of the Power Company and the Current as planned for the 2010-2011 competition season.

Parent/Guardian Signature

Power Company & The Current Expectations Agreement

I have read and understand the expectations set forth in the Power Company and The Current Handbook. By signing below, I am agreeing to follow these expectations.

Student Signature

Parent/Guardian Signature