

CLEAR SPRINGS CHOIR "TO-DO" LIST

1. Go to www.cshschoir.com/forms.
2. Read the following (you don't need to print them; save trees!):
 - 2024-2025 Choir Handbook
 - Extracurricular Code of Conduct
3. Open and print the **2024-2025 Calendar** and post it somewhere at your home.
4. Click "**24-25 CSHS Choir Membership Packet**" and complete **ALL CHOIR FORMS**. Print, sign, and return (or sign and email) all forms:
 - **Membership Contract**
 - Parent and Student initial by each concert date acknowledging student participation will occur
 - If a student has a commitment on a concert date made prior to August 23, do NOT initial next to that date. Note an explanation on the form (family member's wedding, tickets already purchased for travel, etc.)
 - Parent and student signature required
 - **Consent Form**
 - valid for all choir activities during the school year
 - parent signature required
 - **Permission for Participation in an Extracurricular or Co-Curricular Group**
 - parent signature required
 - **Emergency Information Form**
 - fill out completely
 - parent signature required
 - **Texting Authorization**
 - Student and Parent signature required
 - We do not need your phone numbers; remind.com protects your privacy
 - Will only be used for important information and reminders
 - **Alternate Travel Form** (please fill out if you would like to allow your student to drive themselves to/from certain events or if you would like to pick them up. Restrictions apply by directors' discretion)
 - Student and Parent signature required
 - We do not need your phone numbers; remind.com protects your privacy
 - Will only be used for important information and reminders
 - **TMEA Audition Contract (Separate from Packet)** (Only if your student will be auditioning for the TMEA All-State Process)
 - Student and Parent signature required
5. The \$30 choir fee can be paid with credit card through Skyward, or with cash at the campus bookkeeper's office. Directions on how to pay by Skyward can be found at chargerchoir.com/forms.htm

All forms and fees are due Friday, September 13, 2023

Print, sign, and bring to class, or email to lsuchy@ccisd.net or tfalknor@ccisd.net

2024-2025 CHOIR MEMBERSHIP CONTRACT

I understand the following:

1. I have read the Clear Springs Choir Handbook and realize that my child will be held to its standards of excellence.
2. My child is enrolling in choir at Clear Springs High School. This will require commitment and dedication in class, as well as some activities before school, after school and in the evening. Since students can be graded on attendance and participation, I understand that there will be penalties in grading and in next year's audition procedure if my child is not present at rehearsals or performances. Choir may also require a commitment to practice their singing, at home, for an average of 2-3 hours per week, each week.
3. Choir is an activity that requires both ability and effort. Every student who gives effort will be given a place in a choral group. However, the specific group to which each student is assigned is based on ability, which is determined by audition. A student's age, number of years of experience, or seniority has no impact on determining their placement. This is no different from any other arts or sports group at CSHS.
4. Students are required to attend all concerts throughout the school year. I have marked these dates on my calendar, and my student will attend all of the following concerts (initial by each) (If you know of a conflict with any date, do **not** initial next to it, and list your conflict below):
 - a. **Tuesday, October 8** Fall Concert
(Parent's Initials _____ Student's Initials _____)
 - b. **Monday, December 9** Holiday Concert
(Parent's Initials _____ Student's Initials _____)
 - c. **Tuesday, March 11** Pre-UIL Concert
(Parent's Initials _____ Student's Initials _____)
 - d. **Thursday, March 13** CCISD Pre-UIL (daytime)
(Parent's Initials _____ Student's Initials _____)
 - e. **April 1-3** UIL Evaluation (daytime)
(Parent's Initials _____ Student's Initials _____)
 - f. **Wednesday, May 7 and Thursday, May 8** Pop Show
(Parent's Initials _____ Student's Initials _____)
 - g. If you know of a conflict with any date, do **not** initial next to it. Explain the conflict below:

5. Students who miss rehearsals or performances, fail to practice their music, or have attendance issues may be removed from choir, at the director's discretion. Students may also be removed for disciplinary reasons. If a student is removed from the CSHS choirs, there will be no monetary reimbursements.

WE AGREE TO FOLLOW ALL RULES AND POLICIES OF THE CLEAR SPRINGS HIGH SCHOOL CHOIR PROGRAM.

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)

Student Signature

Date

Student Name (printed)

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED FIELDTRIPS**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

_____ (name of activity/event)
 _____ (sponsoring group, club, or class)
 _____ (name of adult sponsor)
 _____ (location)
 _____ (date/time)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies). [See FFAC(EXHIBIT A)]
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the group after being released by the local authorities, he or she will be sent home at the parent's expense.

_____ Date

_____ Signature of Parent/Guardian

PERMISSION FOR PARTICIPATION IN AN EXTRACURRICULAR
OR CO-CURRICULAR GROUP

My child, _____ (*student's name*), has my permission to participate in Clear Springs HS Choir (*name of group*), an extracurricular or co-curricular group of the Clear Creek Independent School District for the 2024-2025 school year. I agree to assume responsibility for payment of all expenses not covered by the district, including medical expenses, which may arise from practicing, rehearsing, traveling, or participating in any extracurricular or co-curricular group sponsored by the District. I agree to assume responsibility for any and all liability arising out of my child's participation in any extracurricular or co-curricular group sponsored by the District.

In addition, I acknowledge that I have received and read a copy of the CCISD Student/Parent Handbook, including the Student Code of Conduct, Extracurricular Code of Conduct, Extracurricular Student Activity Rules of Conduct, the groups governing documents, as applicable.

Attach: Governing Documents (as applicable)

- Bylaws
- Charter
- Constitution
- Extracurricular Code of Conduct
- Extracurricular Standards of Behavior
- Extracurricular Student Activity Rules of Conduct
- Handbook
- Organization Plan of Operation
- Rules

Parent signature: _____

Date: _____

**CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
EMERGENCY INFORMATION FOR SCHOOL ACTIVITY**

School Name Clear Springs High School

Student's Name _____ Grade _____
(Last) (First) (Middle)

Student's Address: _____
(Street) (City) (Zip)

Mailing Address: _____
(Street) (City) (Zip)

Parent/Guardian 1 Name: _____ Home Phone: _____

Business Phone: _____ Other Phone: _____

Parent/Guardian 2 Name: _____ Home Phone: _____

Business Phone: _____ Other Phone: _____

In case of minor illness or injury, if parent cannot be reached, notify (Must be 21 years or older)

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Pre-existing medical conditions or allergies: _____

For overnight trips, in accordance with FMG1(REGULATION), parent or guardian is to list prescription medication(s) on a document, place the document and the amount of medication(s) needed for the duration of the trip in a sealed envelope, write the time and frequency of administering the medication on the outside of the envelope, and attach to this form.

In case of an emergency, please take my child to the nearest medical facility for emergency care.

Parent/Guardian Signature _____ Date _____

Photocopy of current medical insurance card preferred. Additional parent comment on back please.

****UIL Boys and Girls Physician's and Parent's Certificate may be used for Athletics and Drill Team**

Parent/Guardian Authorization to Communicate with Student by Text Messaging

Clear Creek ISD only allows an employee or contracted worker who has a **cocurricular or extracurricular duty** to use text messaging with students as part of an approved activity in accordance with CQ(REGULATION).

By signing this authorization, you are granting permission to _____ **[name of staff member with cocurricular or extracurricular duty]** to call or text important information to your student at the number you provide on this form. Concerns about any inappropriate communication by any employee or contracted worker should be reported to the campus principal immediately. [See Board Policy DH(LOCAL) and CQ(REGULATION)]

I, _____, agree that the authorized employee
(Parent/Guardian Name)

_____ may text my student by cell phone
(Employee Name)

to communicate important class, team, group and/or practice information on an "as needed" basis.

Student Name: _____

Parent/Guardian Signature

Date

Student Signature

Date

**ALTERNATIVE STUDENT TRAVEL FORM
FOR SCHOOL SPONSORED EVENT**

Reoccurring Event

One-time Event

Student Name _____

Group Clear Springs High School Choir

Event/Destination Choir Events in School Year 2024 - 2025

Date of Event _____

Transportation Method _____

Driver's Name _____

My child has permission to take the alternate travel for the event described above. The reason for this alternative method of travel is _____

I hereby release and hold harmless the Clear Creek Independent School District, its Trustees, employees, and agents from any and all liability in connection with this alternate method of travel for this school trip.

Parent or Guardian Signature

Date

APPROVED

DISAPPROVED

Signature of Principal or designee

Date

- Student drivers-holding a valid driver's license **MAY NOT** transport any other student other than themselves.