

# Clear Springs Choir “To-Do” List

1. Go to [www.cshschoir.com/forms](http://www.cshschoir.com/forms)
2. Read the following:
  - a. 2025-2026 Choir Handbook
  - b. Extracurricular Code of Conduct
3. Open the **Charger Choir Google Calendar** at <https://tinyurl.com/Charger-Choir> and save it to your calendar app or online calendar. (This must be done on a desktop initially before it will work on a mobile device.)
4. Click “25-26 CSHS Choir Membership Packet” and complete ALL CHOIR FORMS. Print, sign, and return all forms by **Friday, September 12<sup>th</sup>**.
  - a. **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 **Friday, September 12<sup>th</sup>**, 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\
  - b. **Consent Form**
    - Valid for all choir activities during the school year
    - Parent signature required
  - c. **Permission for Participation in an Extracurricular or Co-Curricular Group**
    - Parent signature required
  - d. **Emergency Information Form**
    - Fill out completely
    - Parent signature required
  - e. **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
  - f. **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.

**All forms and fees are due Friday, September 12<sup>th</sup>.**

**Print, sign, and bring to class. We need hard copies of your forms. Please do not send them digitally.**

# MANDATORY FORM

Class:

Grade:

## Clear Springs HS Choir

### Calendar/Uniform/Handbook Acknowledgement Form

\*\*\*\*\*Due on or before September 12, 2025\*\*\*\*\*

Parents and students, please initial beside each sentence. This will acknowledge that you have read and understand the policies outlined in the Choir Handbook.

\_\_\_\_\_ I have read the Choir Handbook

\_\_\_\_\_ I understand that there are choir performances that are mandatory graded events and attendance is mandatory. Not attending a choir performance will result in a grade of a zero (0) which is 50% of my grade.

\_\_\_\_\_ I understand that I must comply with the uniform guidelines or I run the risk of not being able to perform with the group, resulting in a grade deduction.

\_\_\_\_\_ I understand that there is a \$30 class fee.

\_\_\_\_\_ I understand that if I have ANY questions or problems at ANY TIME, I need to contact Mrs. McDermott or Mr. Falknor and speak with them.

Student Name: \_\_\_\_\_ (Please Print)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A COPY OF THIS FORM WILL BE KEPT ON FILE THE ENTIRE SCHOOL YEAR IN CASE THERE ARE ANY QUESTIONS OR DISCREPANCIES.

## 2025-2026 CHARGER CHOIR MEMBERSHIP CONTRACT

I understand and acknowledge 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 in 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. **Thursday, October 9<sup>th</sup>** Fall Concert  
(Parent's initials \_\_\_\_ Student's initials \_\_\_\_)
- b. **Wednesday, December 3<sup>rd</sup>** Winter Concert  
(Parent's initials \_\_\_\_ Student's initials \_\_\_\_)
- c. **Tuesday, March 3<sup>rd</sup>** Pre-UIL Concert  
(Parent's initials \_\_\_\_ Student's initials \_\_\_\_)
- d. **March 17<sup>th</sup> - 18<sup>th</sup>** CCISD Pre-UIL (Daytime)  
(Parent's initials \_\_\_\_ Student's initials \_\_\_\_)
- e. **March 25<sup>th</sup> - 27<sup>th</sup>** UIL Evaluation (Daytime)  
(Parent's initials \_\_\_\_ Student's initials \_\_\_\_)
- f. **Thursday, May 14<sup>th</sup> and Friday, May 15<sup>th</sup>** 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:

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

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

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Parent/Guardian Signature

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Parent/Guardian Name (Printed)

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Date

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Student Signature

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Student Name (Printed)

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Date

**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 2025 - 2026 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Bylaws                                     | <input type="checkbox"/> Extracurricular Student Activity Rules of Conduct |
| <input type="checkbox"/> Charter                                    | <input checked="" type="checkbox"/> Handbook                               |
| <input type="checkbox"/> Constitution                               | <input type="checkbox"/> Organization Plan of Operation                    |
| <input checked="" type="checkbox"/> Extracurricular Code of Conduct | <input type="checkbox"/> Rules   |
| <input type="checkbox"/> Extracurricular Standards of Behavior      |  |

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 Mari Hawke-McDermott and Travis Falknor **[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