



Vocal Ensemble
Take Action Packet
2023-2024

Thank you so much for taking the time out of your busy schedule to come to our parent meeting. The following checklist includes items that you need to take action on. Please return this checklist with a signature at the bottom and the required forms TODAY. This will insure your student and your family will be informed, have the necessary paperwork filled out, and be on the right path for a successful year in choir. Thank you again for your continued support of this program and as always let me know if you have any questions or concerns!!

_____ I am aware of the important dates and have placed them on our family calendar.

_____ I have submitted the Family Contact Info online at www.westlakechoir.org

_____ I have signed and submitted the following forms.

- 1.Attendance Policy
- 2.Uniform and Costume Contract
- 3.CVUSD Parent Release for Administration of Medicine
- 4.Field Trip Excursion Authorization and Medical Treatment Authorization
- 5.Idyllwild Pines Release of Liability Agreement

_____ I have filled out and submitted the “Spirit Pack Donations” Form

Parent Signature _____ Date _____

Student Name _____

Student Signature _____ Date _____

Westlake High School Choral Boosters

Vocal Ensemble “Spirit Pack Donations” ’23 - ’24

Student Name _____

Parent Name _____ Phone # _____

Parent’s Email _____

The Westlake High School Choral Booster Club is thrilled to offer this comprehensive choral program to every student, regardless of the family’s contribution. However, the Westlake High School Choir Department does incur significant expenses. To cover these expenses, we must rely on donations. Your donations directly benefit all of our kids and make possible all of these exciting experiences.

- Two concerts per year professionally recorded and provided digitally to each family
- Overnight trip to a festival
- Summer day-long Boot Camp at Westlake High School
- Cast Party after the May performance
- Back to Choir Family Pancake Breakfast
- Uniforms and Costumes
- Banquet including student meal, certificates, pins and medals
- Program accompanist, program manager, theater operations, clinicians, and more!

Spirit Pack Total
\$1245 by check
\$1285 by credit card or Choir Store

I will :

Pay in full by check or through the [Online Choir Store](#)

Online Choir Store



Pay in installments (*an invoice will be emailed to you to complete payment*)

3 installment payments

6 installment payments

No donation at this time

Sponsor an additional student in the amount of: _____

Checks payable to:
WESTLAKE HIGH SCHOOL CHORAL BOOSTERS

****Be reminded that no player will be excluded from participation regardless of their donation****
California law guarantees students a public education free of charge, including extracurricular activities. Students are therefore entitled access to educational activities, and to all materials, supplies, equipment and uniforms necessary for the educational activity, without charges or security deposits. There are some narrow fee authorizations in the law, and we ask for and encourage donations to assist us in our effort to continue providing high quality courses ad activities, but all donations are strictly voluntary. Please visit [www. Conejousd.org/whs](http://www.Conejousd.org/whs) for more information, and/or contact the Principal if you have any questions or concerns.
** Westlake High School Choral Boosters Inc. is a 501(c)(3) non-profit. Tax ID number is 77-0559992



Westlake Choir Department
Attendance Policy
2023-2024

Missing a concert, dress rehearsal, or other mandatory activity for any other reason than listed below is unexcused and may not be made up.

- 1. For illness, death in the family, or religious activity students will need to notify Mrs. Rolniak as soon as the situation is evident AND submit a letter or email within 3 days of their return and an alternate assignment will be given.**

- 2. For other Westlake High School events:**
 - a. The student must inform Mrs. Rolniak, and the respective Coach or Advisor in person and email of the conflict at least three weeks before the event.**
 - b. Once approved, the activity or assignment will be removed from the student's grade**

Parent Signature _____ Date _____

Student's Name _____
(please print)

Student Signature _____ Date _____

**FIELD TRIP OR EXCURSION AUTHORIZATION
AND MEDICAL TREATMENT AUTHORIZATION**

In-state

(Minor)

Out-of-state

Completion of this form is required for all field trips / excursions.

Name of Student

Date of Birth (for emergency purposes)

Student Address

Westlake High School

Name of School

Westlake Choir

Amy Rolniak

Class/ Program

Teacher

August 2023-June2024

Various

Date(s) of Field Trip/Excursion

Location of Field Trip/Excursion

Bus/Various

Transportation Provider

- I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
- Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?
 No Yes. Please explain _____
- Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?
 No Yes **Parent/Guardian must contact the school office** to obtain form SFA-5010, "Authorization for Any Medication Taken during School Hours," form SFA-5030, "Authorization For Medications Taken During School Hours, School Activities and Field Trips" or form SFA-5040, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).
- If you have health insurance, please list:**

Health Insurance Company

Policy Number

Group Number

- Please list additional emergency contacts, should the parent/guardian be unavailable:**

Emergency Contact

Telephone

Emergency Contact

Telephone

- Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.
- Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:
"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

- In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
- I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian

Date

Home telephone

Work telephone

Mobile telephone or pager

**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
PARENT RELEASE FOR ADMINISTRATION OF MEDICINE
WESTLAKE HIGH SCHOOL CHOIR DEPARTMENT**

Student's Name, Last Name First (please print clearly)

The following remedies will be available to use if needed during any Choir trip:

- | | |
|--|--|
| 1. Tylenol for headaches | 4. Neosporin ointment for rashes / abrasions |
| 2. Pepto Bismol for upset stomach and diarrhea | 5. Advil / ibuprofen |
| 3. Cough drops for coughs or sore throats | |

These remedies may be used as needed by my child.

Signature of Parent / Guardian: _____ **Date:** _____

Address: _____ **Home Phone:** _____ **Work Phone** _____

Personal Physician: _____ **Phone:** _____

NOTE: If you send other over-the-counter medication with your child, please complete below:

Non-Prescription Medication

A chaperone is not allowed to administer vitamins or non-prescription medication to a child without authorization of the parent(s) or guardian(s). If you wish to have your child receive medication you **must** fill out this form. All medications must be clearly and properly labeled in their original containers.

Name of Medication: _____

Dosage, Schedule and method of administration: _____

Special instructions or comments: _____

PRESCRIPTION MEDICATION(S)

Prescription medications must be prescribed by a physician, be in the labeled container from a pharmacy specifying method of administration, dosage, and time schedule.

Name of medication(s): _____

I understand that chaperones will hold and assist in administering the above medication to my child per District Policy.

Signature of Parent / Guardian _____



Participant Assumption of Risk and Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____
Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities ("Activity" or "Activities"), I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

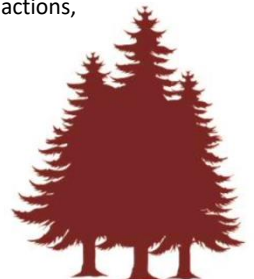
It is acknowledged that there are certain risks and dangers in participating in Activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the Activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, but not limited to, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp Activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these Activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting are based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

The undersigned represents that he/she, and/or the minor participant, is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her or the minor participant's own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risk either not known to myself or the minor participant or not readily foreseeable at this time. I, as the legal guardian for myself or on behalf of the minor participant, fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Pines Camp and Conference Center may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.



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26375 STATE HWY 243 P.O. Box 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG

Release and Indemnity:

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the minor participant (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the minor participant may experience or incur in connection with my and/or the minor participant’s attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

On behalf of myself and/or the minor participant, I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place (“Releasees”). With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in Activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

Medical Waiver:

In the event of injury or illness while I and/or the minor participant is engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself and/or the minor participant as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care myself and/or the minor participant has been entrusted, to consent to the advice of trained emergency personnel.

The undersigned understands and agrees that he/she and/or the minor participant is advised to obtain health insurance coverage prior to participation in any Activity and that he/she and/or the minor participant will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County, California.

The participant, and the parent(s) or guardian of a minor participant, have each read this document, had the opportunity to ask questions, and understand and voluntarily agree to it terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he/she is signing this agreement freely and voluntarily.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name _____

In the event of an emergency, if the family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

Signature of Parent/Guardian or Participant _____ Print _____ Date _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp’s discretion in any of their promotional venues.

Signature of Parent/Guardian or Participant _____ Print _____

Date _____



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26375 STATE HWY 243 P.O. BOX 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG

Westlake High School Uniform Contract

All Westlake High School Choir participants are given the privilege of using school uniforms for concerts throughout the school year. These uniforms cost money to purchase and money to keep them in good condition (dry cleaning, etc). Therefore, it is the student's responsibility to make sure that their costume is in good condition throughout the year, and report any costume issues. In order to ensure the quality of our costumes for years to come each student must sign a Uniform Contract every year.

I understand that it is my responsibility to take care of my uniform for choir. Failure to take care of and return my uniform after each performance and at the end of the year will result in a monetary fine or charge to replace the item.

Responsibilities include:

- Only using the uniform assigned to me.
- Keeping my uniform neatly stored in the provided uniform garment bag.
- No eating or drinking while in costume.
- Water consumed needs to be done so with extreme caution!
- Reporting all costume issues (zippers, hems, etc.) to your uniforms officer as soon as they are noticed.
- Dry cleaning costumes at North Ranch Cleaners – NO EXCEPTIONS

Uniform Expectations

Option 1:

Specific black dance shoes with rubber grips
White tux shirt which can be purchased through Westlake Choir Department
Completely white undershirt with no writing on it
Black Socks

Option 2:

Beige character shoes with a 1-1.5 inch heel and rubber grips
Black dance shorts
Beige bandeau or leotard
Beige nylons

****Be reminded that no player will be excluded from participation regardless of their donation****

California law guarantees students a public education free of charge, including extracurricular activities. Students are therefore entitled access to educational activities, and to all materials, supplies, equipment and uniforms necessary for the educational activity, without charges or security deposits. There are some narrow fee authorizations in the law, and we ask for and encourage donations to assist us in our effort to continue providing high quality courses ad activities, but all donations are strictly voluntary. Please visit www.conejousd.org/whs for more information, and/or contact the Principal if you have any questions or concerns.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

