



*Westlake Singers*  
**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](http://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

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

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

Student Name \_\_\_\_\_

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

**Westlake High School Choral Boosters**  
**Westlake Singers “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**  
**\$855 by check**  
**\$875 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

\_\_\_\_\_  
Westlake Choir  
Class/ Program

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Amy Rolniak  
Teacher

\_\_\_\_\_  
August 2023-June2024  
Date(s) of Field Trip/Excursion

\_\_\_\_\_  
Various  
Location of Field Trip/Excursion

\_\_\_\_\_  
Bus/Various  
Transportation Provider

1. **I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **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 \_\_\_\_\_
3. **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).
4. **If you have health insurance, please list:**

Health Insurance Company	Policy Number	Group Number
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5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

Emergency Contact	Telephone
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Emergency Contact	Telephone
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6. **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.
7. **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.

8. **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).
9. **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** \_\_\_\_\_

# 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\*\***

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

