

NORTH SALEM HS BAND

Dear NSHS Band Members and Parents,

The North Salem HS Concert Band will be traveling to Jackson, NJ for performance assessment with the "Music in the Parks" festival. After our performance at Jackson Liberty HS, we will spend the rest of the day at Six Flags Great Adventure in Jackson, NJ and attend the awards ceremony. The date of the trip is Friday, June 1st, 2018. We will be leaving at 8:15am and returning around 11:00pm. The cost of the trip is \$100. The price includes:

- Music Festival participation fee (Festival insurance, adjudicators, site rental)
- Deluxe Motorcoach w/driver
- Theme Park admission

The price does not include food.

Payment of \$100 is due Monday, April 23

Checks should be made payable to the North Salem Music Club.

Please return your completed **permission slip by Friday, April 13**. In order for the NSHS Concert Band to travel we must have enough of every instrument sign up in order to have a rewarding educational experience. Payment of fees is due by Monday, April 23. Please make checks payable to the North Salem Central School District.

Please contact me with any questions or concerns. Email is best way to reach me with questions or send me phone contact info and I will call you.

Sincerely,



Stephen Austin
North Salem MS/HS
Band Director

FIELD TRIP PERMISSION

Concert Band Performance
Trip to Six Flags Great Adventure
On Friday, JUNE 7

_____ has my permission to participate in
(Student name)

I understand that transportation for this trip will be provided by either school bus or coach bus and the coach buses are not required to have seat belts.

In the event that medical attention is needed, I hereby give permission to North Salem Central School District or representative to have my child evaluated and treated as necessary at the closest available medical facility. I hereby accept the responsibility for the payment of any emergency transportation or treatment.

Age: _____ Grade: _____

Date: _____
(Parent's signature or Person Legally authorized to give consent)

Emergency Phone Numbers:

Home: _____ Mother's work # _____

Father's work # _____ Friend or Relative # _____

Cell phone of either or both parent's _____

Medical Information:

Last Tetanus _____

Please check below **IF** your child has a known sensitivity to:

_____ Bee sting _____ Nuts _____ other

Required Medication: _____

Please check below **IF** your child has:

_____ Asthma _____ Diabetes _____ other medical conditions

Required Medication: _____

If he/she requires medication, please be sure that the medication and the medication authorization form are on record in the Health Office.

Blue Cross/Blue Shield **OR** Insurance #: _____

Family Doctor's name: _____ Doctor's phone #: _____

Any additional information or comments: _____