



## Ballard High School Performing Arts

P.O. Box 17774, Seattle, WA 98127

[www.ballardperformingarts.org](http://www.ballardperformingarts.org)

June 16, 2017

Dear BHS Choir Students and Parents,

What a wonderful year it has been for the Ballard High School Music program! I hope you all have a relaxing summer and come back in the fall recharged and ready for another memorable year full of musical opportunities.

As is tradition at Ballard, we will kick off our school year with our annual Choir Camp, held at beautiful Camp Burton on Vashon Island. Choir Camp is held Friday, September 15 through Sunday, September 17, 2017. This retreat is a required activity for all members of Concert Choir and Advanced Chorale. We will leave BHS on Friday afternoon after school, and will return Sunday afternoon.

The camaraderie among choir members is a large part of what makes our program so special. Choir Camp is a time to form lasting bonds and friendships, and welcome new members into the choir program. We will get to know each other through games, bonding activities, and social functions as we build choir pride. We will participate in group and individual goal-setting as we plan for the coming year. Most importantly, we will SING! I have incredible music picked out for us to work on, and I have high aspirations for the musical heights that we will reach together.

Enclosed you will find the camp information packet. This includes the Registration Form, Rules, Permission Slip, and Medical Authorization. *Please complete all attached documents and submit them with payment of \$165 by July 1, 2017.* Payments may be made via cash, check made payable to Ballard Performing Arts, or online at [www.ballardperformingarts.org](http://www.ballardperformingarts.org) under the Boosters tab.

I know it will be another fantastic year, and I look forward to working with you to continue the strong tradition of music at Ballard High School.

Sincerely,

Ms. Courtney Rowley  
Director of Choirs  
[chrowley@seattleschools.org](mailto:chrowley@seattleschools.org)  
(206) 252-1035



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**Camp Burton Choir Camp Registration**  
September 15-17, 2017

## Registration due July 1, 2017

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

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

**Please select one of the following:**

\_\_\_\_\_ Enclosed is full payment in the amount of \$165\*  
\*Payment may be made by cash, check (Payable to Ballard Performing Arts) or  
by credit card at [www.ballardperformingarts.org](http://www.ballardperformingarts.org).

\_\_\_\_\_ I will need financial assistance to attend choir camp & will apply for a partial scholarship.  
Form is included in packet and must be returned by July 1, 2017.

Let us know if you have any special dietary needs.

\_\_\_\_\_

Parent/ Guardian Name:

\_\_\_\_\_

Parent/ Guardian Signature:

\_\_\_\_\_

Parents, we need your assistance in making this important choir event a success! Specifically, we need at least 4 male and 6 female chaperones. There is no charge for chaperones to attend camp. Please join us if you can!

\_\_\_\_\_ Yes, I am interested in being a chaperone for Choir Camp! Please contact me at:

(Phone/email): \_\_\_\_\_

Questions? E-mail Choir Rep Page Harader at [bpabchoirrep@gmail.com](mailto:bpabchoirrep@gmail.com)



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## Camp Burton Choir Camp Rules September 15-17, 2017

1. Be at the right place at the right time...ON TIME!
2. Absolutely no alcohol, tobacco products, drugs, or weapons of any kind. You will be sent home at your parents' expense if you violate this rule. School consequences will also apply.
3. All school policies and procedures apply while on this trip.
4. Never go anywhere alone! Always be in groups of three or more.
5. Respect all chaperones. If they ask/tell you to do something, you need to do it.
6. Do not be late to rehearsal. Early is on time, on time is late!
7. Students are not permitted to bring inappropriate toys (for example stink bombs, lighters, look-alike weapons, squirt guns etc.).
8. Dress appropriately at all times. The itinerary may specify appropriate clothing for different occasions.
9. Respect all camp rules/policies. Take care of your cabins. Do not shout or be loud after lights out.
10. No one is allowed in the cabin of a friend of the opposite sex. Meet each other in the common areas of the camp.
11. At curfew, only those staying in your cabin should be there. Room checks will occur.
12. Don't do anything stupid! Use your brain and think ahead.
13. Always remember that you are representing yourself, your family, and the Ballard High School Choirs. Treat each other with respect and behave in the best possible manner at all times.

I have read the rules for Choir Camp and understand that I will be responsible for the cost if my student is sent home because of a serious rule violation.

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with the registration form due on July 1, 2017.

# Parent/Guardian Authorization for Overnight Field Trip

**Instructions:**

SPS Staff:

- 1) Use one form per trip.
- 2) Complete the School Portion of form on page 1.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent and student signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

Students:

- 1) Complete the "Student Agreement" on page 1.

Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:

- 1) Complete the "Authorization and Acknowledgement of Risks" and "Medical Authorization" on page 2 of this form.
- 2) Complete the "Important Medical Information Form" and "Medication Administration Form" attached to this form.

School Name: <u>BALLARD</u>	Student Name:
Date(s) of Trip: <u>9/15-9/17/17</u>	Destination: <u>CAMP BURTON</u>
Purpose(s): <u>to prepare for 2017-18 school year</u>	
List of Activities: <u>learn new music, sectional practice</u> <u>relationship building</u>	
Supervision: (Check One.) <input checked="" type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions:	
Mode of Transportation: (Check all that apply.) <input checked="" type="checkbox"/> school bus <input type="checkbox"/> charter bus <input type="checkbox"/> scheduled airline <input type="checkbox"/> boat/ferry <input type="checkbox"/> train <input type="checkbox"/> Other _____	
Students will leave from: <u>BHSN Parking lot</u> at <u>4:30 PM</u> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>(where)</span> <span>(time)</span> </div>	
Students will return to: <u>BHSN Parking lot</u> at about <u>2:00 PM</u> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>(where)</span> <span>(time)</span> </div>	
Chaperone(s) in Charge: <u>Courtney Rowley</u>	
Chaperone/Student Ratio: <u>10/1</u> (maximum ratio 10:1)	
<b>STUDENT AGREEMENT</b>	
<p>While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the <i>Basic Rules of Seattle Public Schools – Code of Prohibited Conduct</i>.</p>	
Student Signature _____	Date _____

## AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my / my child's participation in this field trip, from the moment that my student is under SPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the *Basic Rules of Seattle Public Schools - Code of Prohibited Conduct* and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

## MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and "Medication Administration Form" attached to this Authorization.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility

***If the applicant is at least 18 years of age, the following statement must be read and signed by the student:***

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

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

Date \_\_\_\_\_

***If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:*** I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: \_\_\_\_\_ (student) to participate in all aspects of this trip.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

***The student, if at least 18 years of age, or parent/legal guardian must complete the information below:***

Print First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact's First and Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact's Telephone #s: \_\_\_\_\_

## Important Medical Information Form

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**Student Name:**

**Date of Birth:**

**Parent/ Guardian Name(s):**

**Telephone: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Telephone: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Emergency Contact Information: (other than parent/guardian)**

(1) \_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_   
Phone Number Other Contact Information

(2) \_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_   
Phone Number Other Contact Information

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**Primary Care Physician's Name and Contact Information (in case of an emergency):**

**Health Insurance Provider's Name, Policy #, and Contact Information (in case of emergency):**

**Insurance Provider Claim Instructions/Procedures (in case of emergency):**

Student has the following health issues and/or allergies of which SPS should be aware:

Health Issues:

Allergies (food, medication, insects, plants, animals, etc.):

Student takes the following medications and/or prescriptions of which SPS should be aware:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Is there any factor that makes it advisable for your child to follow a limited program of physical activity, (i.e. asthma, recent surgery, heart condition, abnormal fear, etc.)?

If yes, specify the ways in which you wish his/her program limited:

Additional information of which SPS should be aware concerning student's health:

**I authorize the release of the information given above to other school staff in order to coordinate services.**

\_\_\_\_\_  
Student Signature, if at least 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if student is under 18 years of age

\_\_\_\_\_  
Date

\* If necessary, attach doctor's letter to this form.

\* If necessary, attach copies that document student's shots and immunizations to this form.

## Medication Administration Form

**\*Please send only essential medications with your student on this trip.\***

**Student Name:** \_\_\_\_\_

**1. Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

**2. Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

**3. Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

**4. Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

**Additional Information/ Special Instructions:**

**I authorize for my child to take the above medications on this trip.**

\_\_\_\_\_  
Student Signature, if at least 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if student is under 18 years of age

\_\_\_\_\_  
Date





Ballard High School  
Ballard Performing Arts Booster Club

P.O. Box 17774  
Seattle, WA 98127

ballardperformingarts.org  
ballardperformingarts@gmail.com

## Scholarship Form

The Music and Drama faculty, together with the Ballard High School Performing Arts Booster Club (BPABC), is committed to providing a high quality experience for all students who wish to participate in Performing Arts activities regardless of financial circumstances. Therefore, we offer scholarships to students who may need financial support or assistance.

- Scholarship applications are reviewed each fall after the given deadline.
- We ask that each family makes every effort to pay what they can and participate in our fundraisers.
- Please consider the entire year's expenses when making your request.
- Families will receive an email notification of the amount that BPABC are able to provide.

**To apply**, return this completed form with your registration by the due date. Place in the black mailbox in the music room or mail to Ballard Performing Arts Booster Club, P.O. Box 17774, Seattle, WA 98127.

How Much Assistance Are You Requesting?	What Can You Contribute?	Cost	Description
\$ _____	\$ _____	\$135	Annual Fee: Band, Choir, or Orchestra
\$ _____	\$ _____	\$165	Camp/Retreat Fee: Band, Choir, or Orchestra
\$ _____	\$ _____	\$1000 estimated	Concert Choir and Advanced Chorale Trip Fee: Los Angeles and Disneyland
\$ _____	\$ _____	\$1800 estimated	Chamber Orchestra Trip Fee: New York City
\$ _____	\$ _____	\$500 estimated	Wind Ensemble Trip Fee: Whistler
\$ _____	\$ _____	Other (Specify)	_____

Financial reason for scholarship request: \_\_\_\_\_  
\_\_\_\_\_

### Student Information

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

Student Email: \_\_\_\_\_

Please turn form over to complete



## Scholarship Form (continued)

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone: \_\_\_\_\_

There are several fundraising events that students may participate in to earn money towards Ballard Performing Arts expenses. A percentage of a student's sales from these fundraisers will go into their individual student account. More details on Student Fundraisers is on our website, under Boosters tab, drop down to Fundraisers. Link is on left side bar of that page. To find out how much is in your student account, contact your Family Rep or the Boosters VP of Finance.

Band Family Rep      Jen Witeck      [BPABbandrep@gmail.com](mailto:BPABbandrep@gmail.com)

Choir Family Rep      Page Harader      [BPABchoirrep@gmail.com](mailto:BPABchoirrep@gmail.com)

Orchestra Family Rep      Sylvia Schweinberger      [BPABorchestrarep@gmail.com](mailto:BPABorchestrarep@gmail.com)

VP Finance      Lisa Barnes      [BPABfinance@gmail.com](mailto:BPABfinance@gmail.com)

### ACKNOWLEDGEMENT

I declare that the information contained herein is true, correct and complete to the best of my knowledge. I understand that this information will be strictly confidential within the Ballard High School Performing Arts Booster Club Board.

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

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