



## **2021-2022 Band, Choir, Orchestra, Theatre & Dance** **HANDBOOK ACKNOWLEDGEMENT FORM**

Please electronically sign the following acknowledgement form and return it to your band, choir, orchestra, theatre director and dance. All forms must be received before the end of the first six weeks.

### **HANDBOOK**

THIS IS TO CERTIFY THAT I HAVE RECEIVED AND READ THE RISD FINE ARTS 2020-2021 HANDBOOK AND WILL OBSERVE ALL GUIDELINES FOUND THEREIN.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
RISD Student Signature

I HAVE RECEIVED AND READ THE 2020-2021 HANDBOOK AND UNDERSTAND HOW IT APPLIES TO MY ORCHESTRA STUDENT.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
RHS Parent/Guardian Signature

### **MEDIA PUBLICATION RELEASE**

I grant permission for RISD Fine Arts to identify me by name or likeness or both in campus or RISD publications, either printed or electronic.

☐ Accept ☐ Decline

\_\_\_\_\_  
**RISD Student PRINTED Name**

\_\_\_\_\_  
**RISD Student Signature**

I grant permission for RISD Fine Arts to identify my above named child by name or likeness or both in campus or RISD publications, either printed or electronic.

☐ Accept ☐ Decline

\_\_\_\_\_  
**RISD Parent/Guardian PRINTED Name**

\_\_\_\_\_  
**RISD Parent/Guardian Signature**



## **RISD Fine Arts Department Authorization and Release for Student Travel -- Local**

### **General Information**

*Welcome to the Fine Arts Department for the 2021 – 2022 school year. We are looking forward to a dynamic year. Throughout the year, your student's Fine Arts program may travel locally to performances, competitions, etc. Students represent the Richardson Independent School District and their school at all times. Student participation in this trip or any other activity is conditioned upon the student's compliance with all applicable rules and policies before and during the activity. Any student who engages in inappropriate behavior while away from RISD on a school-sponsored trip is subject to immediate removal from the activity at the parents' expense in addition to any other school discipline which may be administered.*

*This form is designed to obtain your permission for your student to participate in these school-sponsored local trips throughout the year. A separate form will be provided for any trips that involve overnight travel. Transportation generally will be provided via school buses or district approved vendor. If the school arranges for transportation to an activity, all students participating in the activity are required to travel to and from the activity in the school-arranged transportation unless the parent provides specific written notification to the director in advance of the activity that the parent will provide transportation to and/or from the activity.*

*Please carefully read and complete all information requested on this form. Incomplete forms may delay your student's approval for Fine Arts activities.*

### **Student and Parent/Legal Guardian Information (Please print legibly and provide all requested information)**

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Student's Address \_\_\_\_\_

Student Mobile Telephone # \_\_\_\_\_ Student Home Telephone # \_\_\_\_\_

Name(s) of Student's Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Mother's Telephone Contact #s (Home, Mobile, Work) \_\_\_\_\_

Father's Telephone Contact #s (Home, Mobile, Work) \_\_\_\_\_

Name/Contact #s for Alternate Adult (Emergency Contact) \_\_\_\_\_

Name/Contact #s for Alternate Adult (Emergency Contact) \_\_\_\_\_

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

**PARENT/LEGAL GUARDIAN AUTHORIZATION & RELEASE**

My signature below certifies that I (i) am the parent/legal guardian of the student named in this form and that I have full legal authority to make decisions concerning this minor child, (ii) have carefully completed the information requested on this form and the information is true and complete, and (iii) authorize RISD to transport my student named herein to and from school-sponsored activities such as performances, competitions, etc. connected with his/her participation in the Fine Arts program. I understand that the Richardson Independent School District and its employees will take reasonable steps to ensure the activity, including transportation, is conducted in a safe and responsible manner but I further understand and agree that my student could be injured or sustain other damage or loss. In consideration of the work by the Richardson Independent School District and its employees to plan and sponsor trips and activities and to allow my student to participate, on my own behalf and on behalf of my minor student named herein, I hereby release and hold harmless the Richardson Independent School District and its trustees, employees, agents, assigns, and volunteers from any claims or causes of action, including negligence, resulting from any damages, injuries, or other loss to my student, to me, or my family, arising out of or resulting from my student's participation in school-sponsored activities through the Fine Arts Department.

In the event that my student is presented for or requires medical treatment or surgery or any other form of medical care or aid, I authorize the trip sponsors/chaperones to provide consent for my student to obtain such care and I authorize any medical provider to communicate or consult with such sponsors or chaperones about my student's medical treatment, including disclosing my student's protected health information. I understand that I am responsible for payment of all costs or charges related to medical treatment my student receives such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

**Health-Related Information**

1. List allergies to food, medications, other. (If None, state NKA.)
  
2. Describe all major health concerns and illnesses (*e.g.*, diabetes, epilepsy, allergies, heart issues, etc.) (If None, so state.)
  
3. Will the student be required to take any medication on the trip? If yes, describe. If no, so state.  
*List medication(s), their purpose, mode of administration, and any assistance the student requires*
  
4. Date of last Tetanus injection:
  
5. Name/Address/Phone of family physician:
  
6. Does student wear (yes/no): glasses? \_\_\_\_\_ contact lenses? \_\_\_\_\_ hearing aid? \_\_\_\_\_ other assistive device? \_\_\_\_\_
  
7. Additional medical information or comments:

**Insurance Coverage** – Please attach a copy (front and back) of any medical and/or dental insurance card(s) under which the student is covered. Identify which carrier provides the primary coverage, if applicable.

Name of Parent who is the Policy Holder: \_\_\_\_\_

## **2021-2022 Extracurricular Activity Acknowledgment and Agreement Form**

### **Student Statement:**

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I agree to comply with all rules and regulations in these guidelines and any additional rules adopted by my school as a condition of participation as a member of an extracurricular activity. I understand that my failure to comply with these guidelines may result in disciplinary action, including dismissal from all extracurricular activities.

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Printed Name of Student

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Student Signature

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Date Signed

### **Parent/Legal Guardian Statement (for students under 18 years of age):**

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I understand that my student must comply with all rules and regulations written in these guidelines and any additional rules adopted by my student's school as a condition of participation in an extracurricular activity. I understand that his or her failure to comply may result in disciplinary action, including dismissal from all extracurricular activities.

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Printed Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian

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Date Signed