

**Kuna Bands 2016
Tour Contract**

Who? Kuna High School Combined Band
What? 2016 Seattle Trip
When? April 20th – April 23rd
Where? Seattle, WA

Discipline: You will be representing Kuna High School and our community, and will be expected to act accordingly. Follow the rules that are in the student handbook. Any illegal activity including shoplifting, vandalism, use of drugs, alcohol, or tobacco is punishable by the police, has consequences with the school, may result in the student being sent home early from tour, and will result in your immediate removal from the group upon our return. Students **must** follow the instruction of Mr. Krall and the chaperones. This trip will be very fun if you act responsibly and you will have a great time if you follow the rules. Students must be in pairs (at minimum) and with our group at all activities. No student is to ever be by themselves. Students are expected to arrive 10 minutes early at the pre-arranged meeting places.

Overnight Trips: While we are staying at the hotel, boys will not, at any time, enter the girl's rooms or vice versa. This includes brothers, sisters, cousins, etc. There will only be boys in the boy's rooms and girls in the girl's rooms with NO EXCEPTIONS! All students will be in their own rooms for the night at the designated times. Any student who leaves their room after the designated time may be removed from the group with a failing grade as well. Likewise boys will sit with boys and girls with girls on the bus. No exceptions.

Personal items: You are responsible for your own items. If anything becomes lost, stolen, or broken, it is your responsibility. We will NOT be able to go back and retrieve items left behind at any site we visit. Be responsible and know where your valuables are. Do not ask Mr. Krall or any of the chaperones to watch or keep track of your items. They are your responsibility! Keep your money on you at all times as well.

Illness/Injury: If a student misses any school within a week before tour due to illness, they must have a doctor's note clearing them for the trip. We will be in very close quarters on the bus for an extended period of time and sickness can travel quickly between everyone. With illness or injury, we will try to contact primary and secondary emergency numbers if needed.

Signatures: I will need to have a copy of this on file, signed by the student and a legal guardian. You will not be allowed to board the bus without this form turned in.

Student Preference: (circle one) Chihuly Garden and Glass Museum OR Pacific Science Center

Date

Student Cell Phone Number

Student Name and Signature

Parent Name and Signature

Seattle Trip Itinerary

Kuna High School Band

Please finalize payment for the trip before April 20th. If this is not possible, please talk with Mr. Krall individually. Cost of Trip: 450 dollars.

Above all else, please maintain true professionalism, especially when we are guests at CHS and UW.

Have FUN!

Percussion students will load/unload after Mr. Krall. Then everyone is free to load/unload the bus patiently.

April 20-23, 2016

Wednesday to Saturday

Wednesday

*Please eat breakfast ahead of our departure time.

8 AM

Roll Call, Load Bus and Depart Kuna

*If due to unforeseen circumstances, we leave later than 8:30 AM, we will shorten our time in Chiawana Park first and secondarily some time from OTIC.

10:00-11:00 AM

Oregon Trail Interpretive Center

11:00 am

Load bus/Depart OTIC

12:00 PM

Lunch in La Grande, OR

12:45 PM

Depart La Grande, OR

3:00 PM

Arrive in Pasco, WA

3:00-4:00

Chiawana Park

3:50 PM

Depart Park

4:00 PM

Arrive at Chiawana High School, unload and setup for clinic

4:30-6:00 PM

Clinic at Chiawana High School with Mr. Kevin Clayton

*Following the clinic we will pack up and head to the hotel. Upon leaving the bus, we will gather in room groups with chaperones to distribute room keys.

6:30 PM

Hotel Check-In

7:00 PM

Dinner at Hotel (Thank you Christine Compton!)

7:30-9:30 PM

Hotel Time

10:00 PM

Lights Out

Thursday

7 AM

Wake up/Eat/Pack

8 AM

Depart for Seattle

10 AM

Rest Stop in Ellensburg, WA

10:30 AM	Depart for Seattle
12 PM	Arrive in Seattle
12:30 PM	Lunch at Dock
1:25 PM	Harbor Tour (part of CityPass)
2:30PM	Seattle Aquarium (part of CityPass)
4:15 PM	Depart for hotel
4:30 PM	Check into hotel/dinner/clothing change
5:45 PM	Depart for Symphony
6:15 PM	Be seated for Symphony
7:30 PM	Seattle Symphony "Romeo and Juliet"
9:30 PM	Arrive at Hotel
10 PM	Lights Out

Friday

7 AM	Wake up/Eat
8:30 AM	Depart for UW
9:30-11:00 AM	Clinic with Prof. Salzman of Univ. of Wash
11:30	Univ. of Washington Campus Tour/Visit
12:30 PM	Lunch near UW Campus
1:45 PM	Depart for Downtown
2:00 PM	Experience Music Project, Space Needle, Chihuly Museum of Glass/ Science Center (Part or CityPass) rotating with chaperone
Dinner	Eat at some point dinner on your own.
9 PM	Back at hotel
11 PM	Lights Out

Saturday

7 AM	Wake up/Eat/Pack
8 AM	Depart for Downtown
8:30 AM	Visit Pike's Place Market
11 am	Depart for Home
	Lunch stop (restaurant- provided)
	Travel Home
	Rest break
	Dinner Break
	Rest break
12am	Arrive in Kuna!

What to bring:

A good pair of walking shoes- we will be walking quite a lot!

Please pack everything in your instrument case and one medium sized suitcase. A small backpack/daypack/purse would also be acceptable. We are fitting everything onto one bus, so please be considerate in what you are bringing with you!

Bring 4 pairs of clothes (one must be semi-formal (nice jeans/khakis with a nice shirt) for our attendance of the Seattle Symphony). Bring enough socks and underclothes too!

Jacket- PLEASE PREPARE FOR RAIN! (an additional sweatshirt is a good idea.

Toiletries- please be hygienic and prepare to be hygienic! Everyone will appreciate it!

Bring your instrument with reeds/mouthpiece/valve oil/etc... That's the point of the trip!

Don't forget your music!

If you would like to buy souvenirs, please bring a small amount of money to do so.

Towels and bedding will be provided by the hotels.

Bring stuff for a comfortable bus ride as long as it is compact.

Please keep track of everything! No one will be responsible for you except for you!

Meals on the trip:

Most meals will be provided on the trip for students and chaperones. Students should feel free to bring snacks and drinks with recloseable containers. There are just three instances where students will need money for food:

1. Lunch near UW campus (there are a variety of options including ethnic food, Chipotle and burgers)
2. Dinner near Space Needle (Cafes, bistros, pizza and other options)
3. Dinner on way back from Seattle

If your student requires specific food accommodations, please inform Mr. Krall.

Wednesday

Breakfast- students eat before leaving on their own

Lunch- stop in Legrande, OR (provide food)

Students may want some snacks (on their own)

Dinner- 7 pm at hotel (after check-in, provide food)

Thursday

Breakfast- provided by hotel

Lunch- at the dock 12:30 PM (provide food)

Dinner- 4:30 PM at hotel (provide food)

Friday

Breakfast- provided by hotel

Lunch- restaurant near UW (on their own)

Dinner- eat out (on their own)

Saturday

Breakfast- provided by hotel

Lunch- stop for food (restaurant all together?)

Dinner- stop for food (on their own)

Provided meals: 4

Provided restaurant meal: 1

Provided hotel: 3

Student on their own: 3

Chaperone student responsibilities and rooming assignments:

Students are to be with a buddy at ALL TIMES! Students are also assigned to a chaperone who will either be with them or have knowledge of where they are at all times. Students may spend time with other students not in their same group, they will just need to check in/out with both chaperones.

Cotterell, Joe	Crawford, Stephanie	Cockrum, Amber	Krall, Skyler	Sielaff, Michele	Heck, Traci	Kulin, Diane	Chrisitne Compton
7	9	2	1	6	5	4	3
Taylor, Joshua W	Crawford, Emily R	Caldwell, Conner J	Ayala, Jayr	Newton, Skyler J	Manley, Zachary	Miller, Carson	Collins, Ryan A
Tidwell, Dillan K	Denison, Amelia	Cleere, Hayden J	Bergeson, Trevor J	Rasmussen, Josh L	Marcus, Chris M	Hymas, Jacob W	Compton, Benjamin B
Villarreal, Kody M	Freeman, McKayla A	Cockrum, Brandon L	Black, Bryan	Riley, Ray A	Marmor, Jack	Kulin, Mathew D	Cortez, Gabriel V
Wiggins, Jayson	Fuhriman, Kayla D	Cockrum, Nathan B	Blitman, Calvin D	Smith, Jordan R	Heck, Evan	Losser, Nathaniel F	Farrar, Ryan C
8	10	11		12			
Compton, Becca D	Graves, Jadzia A	Lancaster, Madeline R		Pyne, Kelsi B			
Cotterell, Deanna	Hammond, Star L?	Owsley, Kaylynn E		Rasmussen, Sam J			
	Hansen, Mallorie	Poythress, Eva		Sielaff, Kaitlin M			
	Hartley, Emma R						

KUNA SCHOOLS EMERGENCY MEDICAL INFORMATION

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be reasonably reached.

NAME(last) _____ (first) _____ (mi) _____

DATE _____ M or F AGE _____ GRADE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

SSN _____ DOB _____ / _____ / _____

FATHER'S NAME _____ PHONE _____

FATHER'S EMPLOYER _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

MOTHER'S EMPLOYER _____ PHONE _____

Name and phone of person other than parent/guardian who is authorized to approve emergency medical treatment:

NAME _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

HEALTH INSURANCE CO. _____

POLICY# _____ PHONE _____

In the event reasonable attempts to contact me/us at above locations, or other persons named above, full authorization is given for (1) the administration of any treatment deemed to be necessary by a licensed trainer or medical practitioner; and (2) the transfer of son/daughter or ward to any licensed trainer or medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of school authorities and aforesaid agents(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

BLOOD TYPE _____ ALLERGIES _____

ALLERGY SPECIFIC MEDICATION(S) _____

GLASSES OR CONTACTS: YES NO FALSE TEETH OR BRIDGEWORK: YES NO

LAST TETANUS BOOSTER _____

ANY PREVIOUS SIGNIFICANT MEDICAL PROBLEMS _____

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

**KUNA SCHOOL DISTRICT #3
MEDICATION CONSENT FORM**

Today's Date _____

Student's Name _____ Age _____ Date of Birth _____

School _____ Grade _____ Teacher/Advisor _____

PRESCRIPTION/OVER-THE-COUNTER MEDICATION(S) taken AT SCHOOL:
I request that authorized school personnel give my child the following prescription/over-the-counter medication(s):

Medication	Strength	Amount to be given	Time to be given

How long has child been taking this medication?

When it is necessary for medication to be given during school hours, the following regulations must be followed:

1. Medication must be brought to school in the **original container with appropriate label intact**. Medication must be kept in a locked medicine area in the clinic or office. **IF MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN.**
2. Parent/guardian must sign this form granting permission for the nurse or nurse designee to administer medication.

The nurse or nurse designee has my permission to administer the above medication(s) to my child as prescribed by Dr. _____ for the purpose of treating _____. I give my permission for the School Nurse to contact the Physician/Dentist, if necessary regarding the medication(s).

- _____ Student will be responsible for bringing his/her medication to school.
- _____ Parent/Guardian will bring medication to school.

I will not hold the Kuna Jt. School District No. 3 or any individual employee of the district responsible for error in the administering of this medication.

Signature of Parent/Guardian Date Daytime Phone Number

Email address: _____

Nurse Signature Date