

INSTRUCTIONS FOR REHEARSALS–HIGH SCHOOL HONOR GROUPS

Please return the following completed forms to:

SCSBOA – HSHG
11770 Warner Avenue Suite 110
Fountain Valley CA 92708

- a. Parent Permission Slip/Acceptance of Membership *(Parent's/Guardian's & Student's Signature Required)*
- b. Medical Release *(Parent's/Guardian's Signature Required)*
- c. Behavior Code for Honor Groups *(Parent's/Guardian's & Student's Signature Required)*
- d. Check for Membership Fee (**\$100.00**) Payable to **SCSBOA** (Write student's name on memo line) OR PayPal receipt from www.scsboa.org transaction.

ALL FORMS MUST BE RETURNED BY JANUARY 11, 2011

- Attendance at all rehearsals and concert is mandatory
- Be at least 15 minutes early for all rehearsals and the concert with your music.
- Bring pencils to all rehearsals!
- All of the enclosed music must be carefully prepared. Lack of sufficient preparation at the first rehearsal may result in forfeiting orchestra membership. **DO NOT HESITATE TO ASK YOUR PRIVATE TEACHER OR DIRECTOR FOR HELP.**
- Bring your own lunch for all the rehearsals, or plan to eat out.
- Reed Players – have some extra reeds already broken in with you at all times.
- String Players – have at least one full set of extra strings and rosin.
- Percussion Players – must bring your own sticks, mallets, etc.
- Have your name clearly marked on all instruments and music.
- Dress for Concert: **long** black dress for girls, tux or black suit for boys with black bow tie.

Rehearsals will take place on January 21, 2011, January 22, 2011 and January 23, 2011. Rehearsal on January 21 will begin at 9:00am and end at 6:00pm. Rehearsal on January 22 will begin at 8:00am and end at 5:30pm. Rehearsal on January 23 will begin at 8:00am and the concert will begin at 1:00pm

All rehearsals and concert will take place at:

CSU - Long Beach - Music Department
1250 Bellflower Blvd
Long Beach CA 90840

**2011 ALL-SOUTHERN CALIFORNIA HIGH SCHOOL HONOR GROUPS
Parent Permission Form**

Please circle the appropriate membership: **Wind Ensemble** **Symphonic Band** **Orchestra**

_____ has my permission to participate in the All-Southern California High School Honor Groups. I understand that all rehearsals will take place on Friday, January 21, 2011; Saturday, January 22, 2011; and Sunday, January 23, 2011. The final concert will be held on Sunday, January 23, 2011 at CSU-Long Beach. I understand that every precaution will be taken for the welfare and protection of my child and I hereby release the Southern California School Band and Orchestra Association and the directors and managers of the All-Southern California High School Honor Groups from any personal liability for injuries or illness resulting from the participation of my child in this activity, or from transportation related thereto.

Parent or Legal Guardian Signature

Date



Acceptance of Membership Form

Please circle the appropriate group membership: **Wind Ensemble** **Symphonic Band** **Orchestra**

I hereby accept membership in the above circled 2011 All-Southern California High School Honor Groups. I will meet all of the responsibilities and requirements that this membership entails. I understand that all rehearsals and concerts are mandatory. My **\$100.00** membership fee check or PayPal receipt is enclosed (made payable to **SCSBOA**).

Student Signature

Instrument

Please return immediately to:

**SCSBOA—HSHG
11770 Warner Avenue Suite 110
Fountain Valley CA 92708**

**MEDICAL RELEASE FORM
AUTHORIZATION TO TREAT A MINOR**

I (we) the undersigned parent, parents or legal guardian of _____, a minor do hereby authorize and consent to any x-ray, examination, anesthetic, or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA

ADDRESS CITY STATE ZIP

TELEPHONES: FATHER: _____
MOTHER: _____

FAMILY PHYSICIAN: _____

ADDRESS PHONE

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

MINOR'S DATE OF BIRTH: _____ LAST TETANUS BOOSTER: _____

ALLERGIES TO DRUGS OR FOODS: _____

ANY SPECIAL MEDICATIONS OR INFORMATION—LIST ANY RESTRICTIONS: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

PLEASE RETURN by December 28, 2010 TO:

Southern California School Band & Orchestra Association
11770 Warner Avenue Suite 110
Fountain Valley CA 92708

PLEASE READ, SIGN AND RETURN WITH OTHER FORMS TO THE SCSBOA OFFICE

To: All Honor Group Members
From: SCSBOA Board of Directors
RE: **Behavior Code for Honor Groups**

Congratulations again on being selected to represent your family, music group, school and community by being a member of an All-Southern California Honor Group.

The responsibility of membership in an Honor Group goes far beyond just excellent musical skills. Your responsibility extends to making every effort to insure that this special musical experience is the finest one for all of our members, section coaches and support personnel. It is up to each one of us to always be considerate of others and respectful toward everyone.

To achieve a superior level of commitment, all Honor Group musicians will abide by the following expectations:

1. Be on time with all necessary materials
2. Be ready to rehearse when rehearsal begins.
3. Behave in a courteous and respectful manner.
4. To be attentive and to refrain from unnecessarily disturbing the rehearsal.
5. No smoking, drinking or drugs are allowed at any time.

STUDENT _____

Print Name

I agree to follow the above rules of conduct. I further agree that it is my responsibility to conduct myself with pride and to represent my family, my musical group and my school with honor. I understand that if I fail to adhere to this Honor Code, I may jeopardize my future opportunities for participation in honor Groups and that my school director will be notified as well as my school Principal.

Signature: _____ Date: _____

School: _____ School Phone: _____

PARENT/GUARDIAN _____

Print Name

I have read and discussed the All-Southern California Behavior Code for Honor Groups. I understand that should it be necessary for my student to be removed from the Honor Group, I will make arrangements to pick up my student immediately. I will make full restitution for any property damage that my student causes and I will be responsible should any medical or dental treatment be needed as a result of my student's actions.

Signature: _____ Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____

Your CBDA All - State Honor Group Portraits

photographed by



8 x 10 Jr. H.S. Honor Concert Band Portrait _____ x \$14.00 = _____
8 x 10 Jr. H.S. Honor Symphonic Band Portrait _____ x \$14.00 = _____
8 x 10 H.S. Honor Concert Band Portrait _____ x \$14.00 = _____
8 x 10 H.S. Honor Symphonic Band Portrait _____ x \$14.00 = _____
8 x 10 H.S. Honor Wind Symphony Portrait _____ x \$14.00 = _____
8 x 10 H.S. Honor Jazz Band Portrait _____ x \$14.00 = _____

(please print)

Name _____

Address _____

City _____ Zip _____ Telephone () _____

Please bring this form with Cash or Check to the Campus Image table located at the concert hall on the performance date.
Portraits will be delivered to your home address within 4 to 6 weeks. (please note mailing label)
Make checks payable to Campus Image.

Thank You

(please print your mailing label below) -----



112 Harvard Ave. PMB #122
Clairmont, CA 91711

To: Name _____

Address _____

City _____ State _____ Zip _____