

### INSTRUCTIONS FOR REHEARSALS – JAZZ HONOR GROUPS

1. Attendance at all rehearsals and concerts is mandatory – **no exceptions.**
2. Be at least 15 minutes early for all rehearsals and please bring music, reeds (already broken in), mutes, etc.
3. Bring pencils to all rehearsals!
4. All of the enclosed music must be carefully prepared. Lack of sufficient preparation at the first rehearsal may result in forfeiting Honor Jazz Band membership.
5. You should bring your own sack lunch and snacks.
6. All participants must bring their own instruments including drum sets, amps, etc.

**Rehearsals:** Saturday, January 29, 2011 from 9:00am-4:00pm; Sunday, January 30, 2011 from 12:00pm-4:00pm; Friday, February 11, 2011 from 9:00am-3:00pm. Rehearsals will be held at:

**Yorba Linda Middle School  
4777 Casa Loma Avenue  
Yorba Linda CA 92886**

**Dress for both concerts as follows:**

**GIRLS:** Black dressy, long concert dress or dress slacks and dress shoes.

**BOYS:** Black suit, light-colored, long-sleeved dress shirt, long tie, dress shoes.

### IMPORTANT NOTE

Please return the following completed forms to:

SCSBOA-Jazz  
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/Student's Signature Required)
- c. Behavior Code for Honor Groups (Parent's/Guardian's/Student's Signature Required)
- d. Check or PayPal receipt for participation fee (\$100 ) payable to **SCSBOA**. Please place student's name on memo line.
- e. Picture Order Form (Optional – only if placing an order)

**These forms must be returned by January 29, 2011.**

# SCHEDULE OF REHEARSALS AND CONCERTS

## JAZZ REHEARSALS

Saturday, January 29, 2011 GROUPS	9:00 am – 4:00 pm	ALL JAZZ HONOR
Sunday, January 30, 2011 GROUPS	12:00 pm – 4:00 pm	ALL JAZZ HONOR
Friday, February 11, 2011 GROUPS	9:00 am – 3:00 pm	ALL JAZZ HONOR

ALL REHEARSALS WILL TAKE PLACE AT YORBA LINDA MIDDLE  
SCHOOL

YORBA LINDA MIDDLE SCHOOL  
4777 CASA LOMA AVENUE  
YORBA LINDA CA 92886

## JAZZ PERFORMANCES

Saturday, February 12, 2011: Disneyland Plaza Gardens – times TBA  
Sunday, February 13, 2011: The Grove - Anaheim, CA – 10:00 am

Sound Checks: 8:30 am

NOTE: Parking at "The Grove" in Anaheim is \$10 per car.

**2011 ALL-SOUTHERN CALIFORNIA HONOR JAZZ ENSEMBLES  
Parent Permission Form**

Please  the appropriate membership: JHS ALL-STARS HS HONOR JAZZ HS ALL-STARS

\_\_\_\_\_ has my permission to participate in the All-Southern California Honor Jazz Ensembles. I understand that all rehearsals will take place on Saturday, January 29, 2011; Sunday, January 30, 2011; and Friday, February 11, 2011. The final concerts will be held on Saturday, February 12, 2011 at Disneyland and Sunday, February 13, 2011 at "The Grove" in Anaheim, CA. 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 Honor Jazz Ensembles 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**

**In addition to this form, please call your group's manager immediately to accept your membership in the ensemble.**

Please  the appropriate group membership: JHS ALL-STARS HS HONOR JAZZ HS ALL-STARS

I hereby accept membership in the above circled 2011 All-Southern California Honor Jazz Ensemble. 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 is enclosed (made payable to SCSBOA) and/or PayPal receipt is attached.

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

\_\_\_\_\_  
*Instrument*

**Please return by JANUARY 29, 2011 to:**

**SCSBOA—Jazz  
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 \_\_\_\_\_