



LASSITER HIGH SCHOOL

Orchestra

LHSOA Registration Form 2015-2016

Please answer all fields

STUDENT INFO

Student Name: _____ Grade: _____
 Cell Phone: _____ Birthday: _____
 Instrument: _____ \$25.00 Cello/Bass Usage Fee: Yes / No
 Student's Email: _____

PARENT (GUARDIAN) INFO

Mother (Guardian) Name: _____
 Cell Phone: _____ Alt Phone: _____
 Email: _____
 Employer: _____
 Title: _____ Industry: _____
 Father (Guardian) Name: _____
 Cell Phone: _____ Alt Phone: _____
 Email: _____
 Employer: _____
 Title: _____ Industry: _____

Cell# you want the Calling Post messages sent to: _____

Email(s) important information should be sent to: _____

LHSOA LEVELS OF PARTICIPATION

- ✓ **Bronze Level - \$150-\$249** - LHSO car magnet, web and print recognition
- ✓ **Silver Level- \$250-\$349** - LHSO car magnet, web/print recognition, plus 4 tickets to "A Night at The Movies"
- ✓ **Gold Level - \$350-\$499** - LHSO car magnet, web/print recognition, 4 tickets to "A Night at The Movies", plus reserved seating for entire concert season
- ✓ **Platinum Level - \$500+** LHSO car magnet, web/print recognition, 4 tickets to "A Night at The Movies", reserved seating for the entire concert season, plus one 30-minute LHSO Chamber Quartet performance in your home or office

Please select the Level you wish to participate:

\$ _____ Level Amount

\$ _____ Cello/Base Usage Fee Paid (fill in if it applies to your student)



Volunteer Form

Please complete all sections

Student Name: _____ Grade: _____

Parent/Guardian #1: _____

Employer: _____ Type of work: _____

Parent Cell: _____ email: _____

Parent/Guardian #2: _____

Employer: _____ Type of work: _____

Parent Cell: _____ email: _____

Employer Contributions

_____ Yes, my employer will match my contribution. _____ No they will not match

_____ Not sure if my Employers will match my donation, but I will check

_____ I will ask my employer if they are willing to donate goods in kind (water or snacks)

Volunteers Activities

Stop by Station 3 and see "Sign Up Sheets" to see all of the opportunities available for you to volunteer. To help create a terrific orchestra experience for our students please sign up for at least two (2) activities and list them below:

Talent Wanted

In order to continue the tradition of excellence for which Lassiter Orchestra is known, we invite you become part of our parent team. Your efforts will benefit all of our students.

Volunteer positions open: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> NY Trip Coordinator | <input type="checkbox"/> Notary | <input type="checkbox"/> Back Stage Helper |
| <input type="checkbox"/> Graphic Artist | <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Fund Raiser Assnt |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Cleaning Service | <input type="checkbox"/> Limousine Service |
| <input type="checkbox"/> Interior Decorator | <input type="checkbox"/> Party Specialist | <input type="checkbox"/> Copy Writer |
| <input type="checkbox"/> Copyrighter | <input type="checkbox"/> Food Caterer | <input type="checkbox"/> Handi-person |

Help needed: (check all that apply)

- Spray-paint LHSO Logo on Orchestra student's driveways
- Graphic Artist help organize/standardize various LHSO logos
- Procure/install large wall-mounted mirrors in practice/ensemble rooms
- Procure fun furniture and accessories for student's new ensemble room
- Procure benches for the hallway
- Procure and install lighting and a mirror ball

Please list any special talents you may have:

Let us know about your business. If we hire someone, and it might as well be you!



STUDENT INFORMATION SHEET

This information must be on file for every student taking lessons from an instructor as part of the Lassiter String Academy (LSA). Complete and return it to Carol Doemel

Personal Information

Instrument _____

Instructor Name _____

Lesson time preference:

1st preference Day / Time: _____ 2nd preference: Day/Time: _____

Student Name (first, middle, last) _____

Parents Names _____

Mailing Address _____

Cell (____) _____ Alter Phone (____) _____

Email: (print clearly) _____

Previous private teachers _____

Are you interested in taking lessons in the summer? _____

\$25.00 Non-Refundable Fee due at Registration - Paid ___/___/___ Check# _____

I have read and agree to all policies for lesson fees and make-up lessons as stated in the Lassiter String Academy Instructor and Student Policies. I understand that all fees are due at each lesson or in advance payable to the LHSOA. Cancellation and loss of lesson times will result in nonpayment.

Parent Signature _____ Date ___/___/___

Payment Stubs for Lassiter Orchestra 2016 NY Trip

March 9 – 13, 2016

Payment Stub Final Payment - Feb-2 - \$100 Paid ___/___/___ Ck# _____

Trip Cost: \$875 Lassiter NY Trip

Paid to Date including October payment: \$875

Remaining Balance: \$0 Student: _____

----- cut here -----

Payment Stub #3 Jan-6 - \$150 Paid ___/___/___ Ck# _____

Trip Cost: \$875 for Lassiter NY Trip

Paid to Date including October payment: \$775

Remaining Balance: \$100 Student: _____

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Payment Stub #2 - Nov-2 - \$200 Paid ___/___/___ Ck# _____

Trip Cost: \$875 for Lassiter NY Trip

Paid to Date including October payment: \$625

Remaining Balance: \$250 Student: _____

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Payment Stub #1 – Oct 2 - \$200 Paid ___/___/___ Ck# _____

Trip Cost: \$875 for Lassiter NY Trip

Paid to Date including September payment: \$425

Remaining Balance: \$450 Student: _____

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Non-Refundable Registration

Due Sep 2nd \$225 Paid ___/___/___ Ck# _____

Trip Cost: \$875 for Lassiter NY Trip

Paid to date: \$225

Remaining Balance: \$650 Student: _____



Empowering Dreams for the Future

Form JG(1)-1

PERMISSION TO DISPLAY STUDENT PHOTOGRAPH/NAME

I hereby grant permission to Cobb County School District (District) to use or publicly display my child's photograph, video image, or audio clip on the District's Web site(s), individual school Web pages, or in other official District publications without further notice. I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video image, or audio clip is published on a Web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Subject/Nature of Event:

Permission is granted for the use requested above.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student

Signature of Student

Date of Student Signature

Name of Parent/Guardian

Signature of Parent/Guardian

Date of Parent/Guardian Signature(s)



“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL SPONSORED FIELD TRIPS

I hereby request that (Student’s Name-PLEASE PRINT): _____ be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Cobb County School District (District). In the event transportation is not provided by the District, transportation will be the student’s responsibility.

Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, should be given in writing to the parents at least two (2) weeks prior to each trip in the series.

The District does not or may not carry any insurance relative to the trip, including the cost of the trip, or for injuries to the student. I represent that the student has insurance either through the student accident insurance offered by the District or through my own insurance carrier.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless the Cobb County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors (“District Indemnitees”) from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student’s participation in the field trips, including but not limited to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student (PLEASE PRINT)

Signature of Student

Date

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

2/28/06

Medical History Permission and Release Form

Name _____ Age _____

Address _____ Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes _____
 Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

ALLERGIES: Food _____ Insect bites/stings _____
 Penicillin or other drug (name) _____
 Poison Sumac, Oak or Ivy _____
 Other _____

Previous operations or serious illnesses _____

Any current medications _____

Special Diet (name) _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Any medical needs which your child has, of which adult supervisors should be aware:

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

DATED _____

NOTARY _____

Signature of Parent/Guardian

5/12/04

LASSITER HIGH SCHOOL ORCHESTRA

STUDENT-ADMINISTERED MEDICATION FORM

Student's Name: _____

My student is on the following **prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

My student is on the following **prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

My student is on the following **non-prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

My student is on the following **non-prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

During my student's participation with the Lassiter High School Orchestra, I hereby give my Permission for my student to be responsible for taking his/her own medications as listed above. I understand that my student is responsible for keeping his/her medications safe and secure, and **stored in their original, labeled containers.**

Signature of Parent or Guardian

Relationship to Student Named
Above

Witness

Date