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Orchestra.

# NORTH EAST ISD PARENT TRAVEL CONSENT FORM

For participation in school-sanctioned activities during the 2017-18 year as a member of the  
MacArthur Orchestra.

Faculty Sponsor: <u>Dr. J. Garverick</u>	School: <u>MacArthur H.S.</u>	
Student:	Grade Level:	DOB:
Address:	Home Phone:	
Parent's Name:	Bus. Phone:	
Alternate Adult:	Bus. Phone:	

The above-named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errand and activities related to duties of and assignments made to members enrolled in the Orchestra class. The mode of transportation may be NEISD or commercial bus.

I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in Orchestra activities. I understand that any student who does not conduct himself/herself properly may be (i) sent home at the parent's expense, (ii) prohibited from participating in future activities of this organization, and (iii) subjected to other appropriate disciplinary measures.

School districts are immune from liability except when property damage, personal injury or death is caused by a district employee's negligent operation of a motor vehicle while performing district duties. As a result, and as a general rule, the District cannot pay for medical treatment for injuries resulting from activities not directly caused by a district employee's use of a motor vehicle. In case of emergency, I give my approval and authorization for first-aid treatment and any medical treatment of the student named above (the "Student") by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment.

I hereby agree to release North East Independent School District and its trustees, employees, volunteers, and sponsors (collectively, the "Indemnitees"), and to indemnify and hold the Indemnitees harmless from, all claims, liabilities, and expenses, (including (a) claims made by the student named above after reaching the age of majority, and (b) claims for damages caused in whole or in part by the negligence of the Indemnitees) relating in any way to the student's participation in the activities identified herein.

Additional medical information or comments: \_\_\_\_\_

This form must be signed and returned to the sponsor before the student will be permitted to participate in any off-campus activities of this organization.

Date \_\_\_\_\_ Signature of Parents/Guardian \_\_\_\_\_

Signature of Sponsor Dr. J. Garverick Signature of Student \_\_\_\_\_

Signature of Principal P. Martinez

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**North East ISD**  
**SUPPLEMENT TO THE PARENT TRAVEL CONSENT FORM**  
*2017-2018*

<b>Student:</b>	<b>School</b> <i>MacArthur H.S.</i>	<b>Grade</b>
<b>Parent:</b>	<b>Phone:</b>	

The above-named student has my (the undersigned parent's) consent to participate in school-sanctioned activities as a member of the *Orchestra* with the following restrictions:

1. \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_
5. \_\_\_\_\_  
 \_\_\_\_\_

Compliance with the above-described restrictions will be the responsibility of the Student and not NEISD or any of its agents, trustees, volunteers, or employees. The Student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

Date \_\_\_\_\_ Signature of Parents/Guardian \_\_\_\_\_

Signature of Sponsor *Dr. J. Barverick* Signature of Student \_\_\_\_\_

Signature of Principal *P. Martinez*





Become a member of the

**MacArthur  
Orchestra  
Parents  
Association**

**This membership is our main fundraiser for the school year . . . and it's tax-deductible!**

Your generous contributions to MOPA help provide financial support to the MacArthur Orchestra program. Please help us continue this support. *Members receive a SUPPORTER OF THE MACARTHUR ORCHESTRA sticker.*

Anyone can join . . . you do not have to have a child in the orchestra to help support our outstanding, award-winning orchestra!

***I would like to become a member of the MacArthur Orchestra Parents Association for 2017-2018.***  
*Enclosed is my membership payment. Cash or check payable to MOPA at the following levels:*

\_\_\_ Music Patron \$25-49    \_\_\_ Music Lover \$50-99    \_\_\_ Music VIP/Corporate Sponsor \$100+

Donation: \$ \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT NEATLY

Child or Children's Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Please print your name as you wish it to appear in the program donor listing:

\_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

Please complete this form and return it with payment (check payable to MOPA) to Dr. Garverick or mail to: MacArthur High School Orchestra, 2923 MacArthur View, San Antonio, TX 78217

*MacArthur Orchestra Parents Association (MOPA) is a 501(c)(3) tax-exempt corporation; donations are tax-deductible to the extent allowed by law.*

Joining MOPA is required should your child wish to apply for the Summer Orchestra Camp Endowment. You must be a member no later than December 14, 2017 for your child to be eligible for the endowment.

**MOPA membership dues help pay for:** Accompanists/clinicians/judges who work with all of our students, out-of-town trip transportation and instrument rentals, concert supplies, end-of-the-year keepsake program, summer music camp endowments, meal for musical pit/cast/crew, and many other items which support ALL orchestra students. **Please help us continue this support!**

**MOPA is now registered with the Amazon Smile program. Please consider designating MOPA as your charitable organization when you shop.**

We welcome your participation in MOPA. Please join us at a meeting or just help out at an orchestra event. Monthly meetings are usually held on the fourth Tuesday of the month at 7 p.m. in the orchestra room.

Questions or just want to learn more? Please contact Katherine Seddighzadeh (kitseddighz@gmail.com), Sarah Nawrocki (nawrockicarroll@att.net), or Rachel Jackson (onemaj4me@yahoo.com).