



# Salem Hills High School Choir Department

New York City 2020  
Tour Agreement

Student Name: \_\_\_\_\_

1. I agree to represent Salem Hills High School as well as my community by conducting myself in a way that will reflect positively on those institutions represented. This conduct includes, but is not limited to:
  - a. The Nebo School District Policies and Procedures on orderly conduct, safe schools, and substance abuse found in the SHHS Student Handbook.
  - b. The Salem Hills High School Policies on abusive and/or profane language, dress and grooming standards found in the SHHS Student Handbook.
2. I agree to abide by the specific SHHS Choir Tour Policies:
  - a. No sexual or illicit contact whatsoever.
  - b. For the safety and security of our group, no gang-affiliated or political clothing or accessories will be allowed.
  - c. No electronic systems, or any other non-portable gaming systems that have to be connected to a TV. All gaming systems that are not "portable" will be shipped home at the student's expense.
  - d. No boys in girls' rooms and no girls in boys' rooms at any time.
  - e. Visitors who are not from the SHHS group are not allowed in SHHS hotel rooms at any time.
  - f. All curfews and call times will be adhered to.
  - g. There will be no complaining. Directions given by Mr. Bills or tour chaperones will be followed.
  - h. All hotel rules will be followed.
  - i. For the safety of all students, sightseeing will be in groups of THREE OR MORE.
  - j. Noise will be kept to a minimum, especially on the airplane and at night in the hotel. No running, horseplay or loud talking in hotel rooms or hallways.
  - k. While in the hotel, there is absolutely no loitering in the hallways, stairwells, or elevators. You may visit with friends of the opposite sex in the lobby area only. Though you may socialize in the lobby of the hotel, we are still guests there and we will act with dignity and respect while we are there.
  - l. Others will always be treated with courtesy and respect.
3. I understand that if I break any school rules, tour rules or laws while on tour, my actions may result in one or more of the following disciplinary actions:
  - a. Earlier curfew and/or loss of free time.
  - b. Phone call home at student/parent expense.
  - c. Change of room assignment.
  - d. Loss of tour privileges/activities/excursions.
  - e. Any consequence deemed appropriate by the SHHS administration, up to and including being sent home at the student's expense.

I have read the 2020 Tour Agreement, and I agree to abide by the policies stated above. I understand that violation of such rules will result in the disciplinary actions also listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Form must be completed and emailed to Mr. Bills no later than March 18, 2020.***



# Salem Hills High School Choir Department

## New York City 2020 Academic Eligibility

Student Name: \_\_\_\_\_

As participants in the 2020 SHHS Choir Tour, students agree to uphold the highest academic standards. Students will meet individually with their teachers to inform them that they will be missing their class. Each teacher has signed below, verifying that you have met, that they understand that you will be missing their class while on Choir Tour, and that you and only you are responsibly for making up any homework, quizzes, tests, or class projects you may have missed.

**Teachers: Students will be absent March 27, 30, and 31. They will miss two A days and one B day. Please initial below if this student has met with you and that you understand he/she will be missing your class on the specified days.**

*(Mr. Bills and Mrs. Thomson do not need to sign this for choir classes.)*

Period	Class	Name of Teacher	Teachers Initials	Period	Class	Name of Teacher	Teachers Initials
A1				B1			
A2				B2			
A3				B3			
A4				B4			
A5				B5			

### Statement of Personal Academic Integrity

I, the undersigned, understand that my academic progress is my responsibility and only my responsibility and that I am the only one who is accountable for making up any homework, quizzes, tests, or class projects I may have missed because of my participation in the 2020 SHHS Choir Tour.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Form must be completed and turned in no later than March 18, 2020.*



# Salem Hills High School Choir Department

## New York City 2020

### Medical Release

Student Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Age of Student: \_\_\_\_\_ Male/Female (circle one)

Parent/Guardian #1 Name: \_\_\_\_\_

Parent/Guardian #1 Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian #2 Name (if applicable): \_\_\_\_\_

Parent/Guardian #2 Cell Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*If you are un-insured, please so indicate.*

Family Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please note any allergies, current medications, therapy, or illnesses (diabetes, asthma, etc.) that we should be aware of:

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#### ADDITIONAL MEDICAL INFORMATION AND SIGNATURES

If requested, I give consent for Chaperones to dispense the listed medications to my child: (please check all that apply)

Ibuprofen \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Antacid \_\_\_\_\_ Cold Medication \_\_\_\_\_

Diarrhea Medication \_\_\_\_\_ Cough Medication \_\_\_\_\_ Sunscreen \_\_\_\_\_

I give my permission for responsible adult leaders from Salem Hills High School to seek medical attention and administer medical needs for my child in case of injury or illness from March 22-16, 2019.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS CONFIDENTIAL**

*Form must be completed emailed to Mr. Bills no later than March 18, 2020.*