

2016-2017 IHS INSTRUMENTAL MUSIC REGISTRATION

PAYMENT AND TRANSPORTATION WAIVER FORM

PAYMENT INFORMATION

INSTRUCTIONS: Complete the online portion of registration first. Then, print out and complete this form. Fill out one form for each Irvine High Music student.

Mail this form along with payment to the VIMB Registrar by Friday, July 22nd:

VIMB
c/o Kim Tsuchiyama
3912 Hemmingway Ave.
Irvine, CA 92606

STUDENT'S NAME: _____

TOTAL CONTRIBUTION (as indicated on the registration form): \$ _____

PAYMENT METHOD (please check one):

_____ I have attached a check made out to VIMB in the amount of \$ _____.

_____ I have already paid the total amount using PayPal.

_____ I am paying using a combination of two of the above methods:

\$ _____ by check

\$ _____ by PayPal

Irvine Unified School District Excursion/Field Trip Waiver and Medical Authorization for Minor & Private Transportation via Private Vehicle

(Education Code Section 35330)

Name of School: **Irvine High School**

I hereby give my permission for my child, (student name): _____ to participate in all of the **Irvine High School Instrumental Music Field Trips and Activities for the year 2016/2017.**

I fully understand that my child is to accept all rules and requirements governing conduct during field trips, events, and activities. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parent's expense.

I fully understand that private automobiles may also be used for transporting my child for these activities.

I, the undersigned, hereby release and discharge the Irvine Unified School District, Vaqueros Instrumental Music Boosters, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above-described field trips, events or activities. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above-described field trips, events or activities and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian or participant.

Signature of Parent/Guardian	Date	Signature of Student
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Address, City, Zip	Phone/Cell Number
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Health Insurance Company	Group & Policy Number
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In the event of illness or accident and in addition to above contact info, please contact:

Name	City/State	Phone/Cell Number
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SPECIAL NOTE TO PARENTS/GUARDIANS:

(1) **check here if there are NO special problems the staff should be aware of, and NO drugs are required on any excursions;** (2) All drugs must be registered on this form; (3) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (4) if any medication or drugs are to be taken by student, list them here:

Name of drug and reason: _____

List any allergies: _____

If your son or daughter has a special medical issue, please attach a description of that condition to this sheet. Thank you.