



Dickerson Middle School Band

855 Woodlawn Dr. Marietta GA 30068

William Grimes Director

Scott Brown Director

Dear Parents,

On March 19th and 20th our 7th and 8th grade bands will be attending LGPE. On the back of this letter you will find the complete schedule for each band on each day.

We very much appreciate all the volunteers for chaperoning and water, but **we are still looking for a few 8th grade chaperones.** Students will be served Chick-Fil-A meals while they are on the trip. You should have already placed your order for the meal and sent in a \$7.00 payment. If you have not please contact Mr. Grimes as soon as possible, as your child will not have a meal ordered.

Please fill out the attached permission form and return it to the band room by Friday March 15th.

Also, **please try on all uniform parts that have been sent home.** We have had some issues with the shirt sizes and tux sizes. We are aware that the shirts are very long, but we do not have many smaller size shirts at this time. We have ordered more, but the replacements are not here yet.

Thank You,
Mr. Grimes

Mr. Brown

Mr. Willingham

7th Grade Band Schedule

Tuesday March 19 2019

Concert Band Schedule		Symphonic Band Schedule	
9:45	Leave Dickerson	9:45	Leave Dickerson
11:00	Warm Up	10:55	Watch Mabry
11:45	Performance	11:20	Watch Cooper
12:00	Sight Reading	11:45	Watch Concert Band
12:45	Lunch	12:15	Lunch
1:30	Watch Lost Mountain Middle	1:15	Warm Up
2:00	Watch Symphonic Band	2:00	Performance
2:45	Finished	2:15	Sight Reading
3:45	Arrive back at Dickerson	2:45	Finished
		3:45	Arrive back at Dickerson

PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPSTeacher Name: Mr. Grimes and Mr. Brown School Name: Dickerson Middle School**General Information**Destination Site: McEachern High SchoolDate(s) of Trip: 3/19/19 Departure Time: 9:15am Approximate Return Time: 3:30pmDonation Requested per Student: \$7 Method of Transportation: School BusApproximate Number of Participating: Students: 140 Adult Supervisors: 20

Additional Teacher Comments: _____

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical Information

Family Physician: _____ Phone: _____

Immunizations: _____

Does the student need to take medication? Yes No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (Student's Name-PLEASE PRINT): _____ be allowed to participate in the field trip described above and specifically consent to his/her participation.

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

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors 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, the student or any other successor or assignee 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 any losses, damages or injuries or 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 Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date