



# Forms and Fees Packet

## **Fee Checklist:**

- |                          |                          |                                                                                   |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------|
| Operating Fee - \$10     | <input type="checkbox"/> | Mandatory                                                                         |
| Booster Membership -\$20 | <input type="checkbox"/> | Optional (MUST BE SEPARATE,<br>Checks made out to Sterling Choir<br>Booster Club) |

## **Forms Checklist:**

- |                         |                          |          |
|-------------------------|--------------------------|----------|
| Drug Test Form          | <input type="checkbox"/> | Required |
| Acknowledgement Form    | <input type="checkbox"/> | Required |
| Medical Release Form    | <input type="checkbox"/> | Required |
| Photo Release           | <input type="checkbox"/> | Required |
| Booster Club Membership | <input type="checkbox"/> | Optional |

ALL FORMS DUE October 9, 2020

ALL FEES DUE November 6, 2020

## Goose Creek Consolidated Independent School District Student and Parent/Guardian Consent to Random Drug Testing

Print Student's Name	Grade Level	Gender	Student ID Number
Name of Parent/Guardian	Telephone Number		
Please list any/all extracurricular activities you intend to participate in			
Applying for a Parking Permit? (please circle)    Yes    No    (if yes, please complete following items below)			
Parking Permit# (Office use only)	Student's Driver's License Number		
Automobile Insurance Company	Automobile Insurance Policy Number		

**Participation**  
Participation in extracurricular activities and/or parking on campus in Goose Creek Consolidated Independent School District is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs, performance-enhancing drugs, and/or alcohol. Each student who participates in extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing procedures and a Student and Parent/Guardian Consent to Random Drug Testing form, which shall be read, signed, and dated by the student and/or person otherwise in lawful control of the student. No student shall be allowed to practice or participate in any extracurricular activities and/or parking permit privileges until the Student and Parent/Guardian Consent to Random Drug Testing form is properly signed and returned.

**Student Authorization**  
I understand after having read the information regarding the District's random drug testing, that, out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. If I choose to violate the random drug testing policy any time while I am involved in any activity, including in-season and off-season activities, and/or parking permit privileges, I understand upon determination of that violation, I will be subject to restrictions as outlined in the random drug testing policy.

Student Signature	Date
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**Parent/Guardian Authorization**  
I have read and understand the District's random drug testing policy. As the parent and/or person otherwise in lawful control of the above-named student, I desire that he/she participate in the extracurricular activities and/or parking permit privileges of the District, as a condition of this voluntary participation agree to be subject to the terms of the random drug testing procedures. I accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure if the sampling, testing, results, and restrictions as provided in this program.

Parent/Guardian Signature	Date
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White Copy: School  
Yellow Copy: Parent, Student

# Sterling Choir Handbook Acknowledgement Form

The RSS Choir Handbook can be found online at [Rangerchoir.com](http://Rangerchoir.com)

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(Please check one of the following)

\_\_\_\_\_ I will read the Choir Handbook online.

\_\_\_\_\_ I would like to request a hard copy of the Choir Handbook.

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## Mandatory Choir Fees

**\$10**    Operating Fee (t-shirt, music, etc.)

**We have read the contents of the handbook and understand all policies stated within.**

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Family Representative

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Family Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Ross S. Sterling Choir**  
**Student Information/Medical Release**  
**2020-2021**

Student name: \_\_\_\_\_

Family Representative: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Family Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Need a translator? Please indicate language: \_\_\_\_\_

**Student health information**

Health problems to be aware of: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications (prescription): \_\_\_\_\_

Medications (OTC): \_\_\_\_\_

**In Case of Emergency** (Alternate contact to parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*I verify that all information on this document is true and accurate to the best of my abilities. Authorization is hereby given for administration of any medical treatment deemed necessary during any orchestra event. Such treatment will only be administered by a medical professional. We agree to accept responsibility for all doctor, hospital, and medical expenses incurred during Orchestra activities.*

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

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

GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
*Baytown, Texas*

## PHOTO RELEASE FORM

The Goose Creek Consolidated Independent School District has my consent to make (or authorize the making of) a photograph or videotape of my child for any lawful purpose without further notice to me (§26.009 of the Texas Education Code). I also give the District my consent to record (or authorize the recording of) my child's voice without further notice to me.

I also agree to hold harmless the Goose Creek CISD (including its Board of Trustees, agents, officers, employees, contractors, attorneys, and others representing the District) from any claims or causes of action directly or indirectly related to photographing, videotaping, or audio-taping of my child.

I do hereby waive all residual rights or claims, monetary or otherwise, that might arise as a result of any lawful use of the above-described material and do hereby grant permission for the use of such material for any lawful purpose.

Please check and sign below:

\_\_\_\_\_ Yes, my child may be photographed, videotaped, or audio-taped.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of Family Representative

\_\_\_\_\_  
Date



**We need YOU in the Sterling Choir Booster Club!!!  
We can't do it without YOU!!!**

All of the activities and programs that are offered by the Booster Club are organized and run by **Parent Volunteers**. Not one person can do these events alone; it takes a team of great parents to make the year run smoothly for our directors and students.

**Membership Form**

**Student name:** \_\_\_\_\_

**Family Representative:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred contact method:** \_\_\_\_\_

In addition to your membership, please consider volunteering your time to our program. Whether you have a little free time, or alot, the program and your student can benefit from your involvement. It's not a huge commitment, many of our volunteers are employed full-time and are still able to help out in various ways.

**I am willing to help in the following ways (check all that apply):**

<input type="checkbox"/> Volunteering Time	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Serving on the Booster Board
<input type="checkbox"/> Other	

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Printed Name of Family Representative	Signature of Family Representative
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**Contact Kristi Villalta at 713-885-1985 for questions.**