

Booth T.
CHOIR

2016-2017

General Parent Meeting

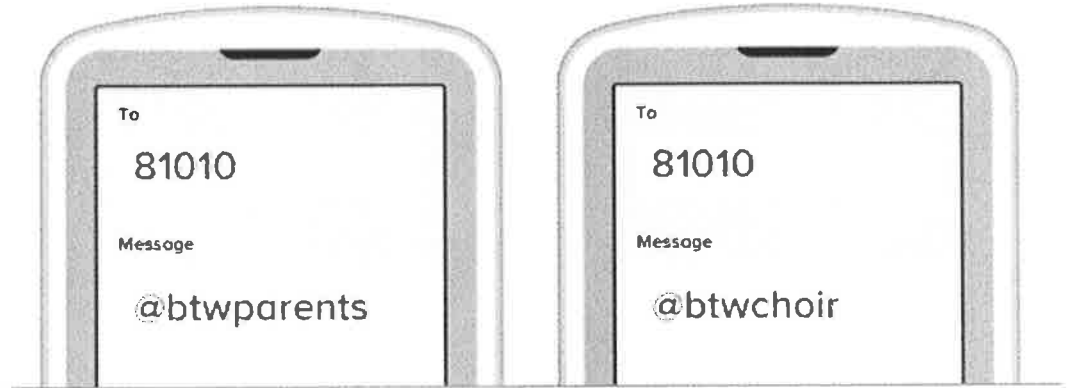
Booker T. Choir Communication

We will communicate with you this year in three main ways

1. Remind Alerts

Remind is text message alert platform, through this we will send you text alerts reminding you of performances, rehearsals, and any changes thereof.

Signup to get Remind alerts now!
Students: Text @BTWChoir to 81010
Parents: Text @BTWParents to 81010



2. Booker T. Choir Website

We have an amazing website located at bookertchoir.com. There is a calendar of all rehearsals and events, you can access member resources such as practice tracks, and view a detailed description of events.



Booker T. Choir

Booker T. Washington High School for the Performing and Visual Arts Choir



3. Social Media

Facebook: Booker T. Choir has a Facebook group where all important messages will be posted. This group will mostly feature things from the website, but it is a good idea to join so you are notified when there is a new post.

Join at Bit.ly/fbbtw

Snapchat: Booker T. Choir also has a snapchat account. I will be posting things such as reminders about rehearsals and such, clips of rehearsals, and important updates.

YouTube: Most of our concerts are recorded and will be posted on YouTube after their completion! Check us out at

<https://www.youtube.com/c/BookerTChoirDallas>.



Calendar Events

9/24	TMEA District Audition (Choir) Location: DeSoto HS
10/19 7 PM to 9 PM	Fall Concert Location: BTW MAT
10/20 7 PM to 9 PM	Fall Concert Location: BTW MAT
10/22	TMEA Region Audition (Choir) Location: Waxahachie HS
11/14	Regional Choir Rehearsal Location: Duncanville HS
11/15	Regional Choir Concert/Clinic Location: Duncanville HS
11/29	Pre-Area Tryouts (Choir) Location: Highland Park HS
11/29 7 PM to 9 PM	Winter Concert Location: BTW MAT
11/30 7 PM to 9 PM	Winter Concert Location: BTW MAT
12/2 7 PM to 9 PM	Abbondanza Location: BTW MAT
12/3 7 PM to 9 PM	Abbondanza Location: BTW MAT
1/7	Area Tryouts (Choir) Location: Highland Park HS
3/9	7 PM to 9 PM Choir / Opera Concert Location: BTW MAT
3/24 to 3/26	Cluster trip to HSPVA in Houston
4/4 to 4/7	UIL Competitions
4/12 7 PM to 9 PM	Grand Concert Performance Location: BTW MAT
4/13 7 PM to 9 PM	Grand Concert Performance Location: BTW MAT
5/18 7 PM to 9 PM	Opera Performance Location: BTW MAT
5/19 12 PM to 1 PM	Opera Matinee Location: BTW MAT
5/20 7 PM to 9 PM	Opera Performance Location: BTW MAT

Choir Dues

In order to make the choir run as functionally as possible, each year we collect choir dues from students.



We require all students to pay general choir dues and recommend all new students purchase Booker T. Choir Garment Bags

Student Name _____

Parent Name _____

Student T-Shirt Size _____

New Student Dues

\$40 Garment Bag (Embroidered with name)

\$25 Choir Fee (Covers meals, activities, and snacks throughout the year)

Total for New Students: \$65

Returning Student Dues

\$25 Choir Fee (Covers meals, activities, and snacks throughout the year)

Total for Returning Students: \$25

Cash and Checks are acceptable forms of payment-

Payment Due 10/1/2016

Make all checks out to "BTW Music Guild"

**FIELD TRIP PERMISSION
ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY**

I, _____ (parent/guardian), agree to allow my son or daughter, _____ (student's name), to attend the following field trip or out-of-school activity.

Destination/Detailed Description Of Activity and Educational Purpose:
TMEA District auditions at DeSoto HS

Date of field trip/activity: 9/24/2016 Time of departure: 6:00 AM Time of return: 9:00 PM
Group/Class/School Club: Booker T. Washington HSPVA Choral Department
Sponsor of the field trip/activity: Choir Director- William George

Transportation Being Provided (Check all that apply.):
 School Bus Commercial/Charter Bus Public Transportation Personal Vehicle Leased Vehicle
 None (provide your own or none needed)
 Drivers of Private or Leased Vehicles (Check all that apply.)
 Teacher or Staff Member Parent Student Other Adult

Health Services
 Will your child require the administration of any medication or medical procedure while on the field trip? Yes No
 If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure:	Time:

Student Agreement
 While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.
 Student's Signature: _____ Date: _____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

In consideration for my child's participation in the above-described field trip or activity, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.

In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian: _____ Date: _____
 Daytime phone: _____ Emergency contact: _____ Phone: _____

**FIELD TRIP PERMISSION
ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY**

I, _____ (parent/guardian), agree to allow my son or daughter, _____ (student's name), to attend the following field trip or out-of-school activity.

Destination/Detailed Description Of Activity and Educational Purpose:

TMEA Region auditions at Waxahachie HS

Date of field trip/activity: 8/22/2016 Time of departure: 6:00 AM Time of return: 9:00 PM

Group/Class/School Club: Booker T. Washington HSPVA Choral Department

Sponsor of the field trip/activity: Choir Director- William George

Transportation Being Provided (Check all that apply.):

- School Bus Commercial/Charter Bus Public Transportation Personal Vehicle Leased Vehicle
 None (provide your own or none needed)

Drivers of Private or Leased Vehicles (Check all that apply.):

- Teacher or Staff Member Parent Student Other Adult

Health Services

Will your child require the administration of any medication or medical procedure while on the field trip? Yes No

If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure:	Time:

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature: _____ Date: _____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

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In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian: _____ Date: _____

Daytime phone: _____ Emergency contact: _____ Phone: _____

**FIELD TRIP PERMISSION
ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY**

I, _____ (parent/guardian), agree to allow my son or daughter, _____ (student's name), to attend the following field trip or out-of-school activity.

Destination/Detailed Description of Activity and Educational Purpose:
Regional Choir Concert/Clinic (Choir)- Duncanville HS

Date of field trip/activity: 11/15/2016 Time of departure: TBD Time of return: TBD

Group/Class/School Club: Booker T. Washington HSPVA Choral Department

Sponsor of the field trip/activity: Choir Director- William George

Transportation Being Provided (Check all that apply.):
 School Bus Commercial/Charter Bus Public Transportation Personal Vehicle Leased Vehicle
 None (provide your own or none needed)

Drivers of Private or Leased Vehicles (Check all that apply.)
 Teacher or Staff Member Parent Student Other Adult

Health Services

Will your child require the administration of any medication or medical procedure while on the field trip? Yes No

If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure:	Time:

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature: _____ Date: _____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

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In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian: _____ Date: _____

Daytime phone: _____ Emergency contact: _____ Phone: _____

FIELD TRIP PERMISSION ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY

I, _____ (parent/guardian), agree to allow my son or daughter, _____ (student's name), to attend the following field trip or out-of-school activity.

Destination/Detailed Description Of Activity and Educational Purpose:

Date of field trip/activity: _____ Time of departure: _____ Time of return: _____

Group/Class/School Club: _____

Sponsor of the field trip/activity: _____

Transportation Being Provided (Check all that apply.):
 School Bus Commercial/Charter Bus Public Transportation Personal Vehicle Leased Vehicle
 None (provide your own or none needed)

Drivers of Private or Leased Vehicles (Check all that apply.)
 Teacher or Staff Member Parent Student Other Adult

Health Services
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 If yes, please indicate the medication(s) and/or procedure(s) with times for administration:

Medication/Procedure:	Time:

Student Agreement
 While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.
 Student's Signature: _____ Date: _____

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In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian: _____ Date: _____
 Daytime phone: _____ Emergency contact: _____ Phone: _____