



SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES WELCOME LETTER | INSTRUCTIONS | MARCHING BAND FORMS

2021 - WELCOME BACK!!!

Dear Southridge Band Students and Families,

It is with great happiness and joy that we are able to welcome you all back to the 2021-22 school year. It has been very challenging over the last year and a half as we have navigated the COVID-19 pandemic and all of the impacts it has had to our students, families and communities. We have missed seeing all of your smiling faces (students and families alike) and are very eager and excited to be able to see you all again as we move back toward normalcy. The 2021-22 school year will be the beginning of a rebuilding process as we jump start our program after a year and a half of remote learning. However, we do expect that this year will contain excellent in-person curricular and extra-curricular performing arts for students in the Southridge High School Music and dance programs.

For our new students and families, SIMDE is the acronym for Southridge Instrumental Music and Dance Ensembles which encompasses Southridge High School's many music and dance ensembles, as well as the booster organization which supports those ensembles. The SIMDE booster organization is comprised of parents that have students in the band/dance program. All parents are encouraged to become active SIMDE volunteers, as the program would not be able to function in its current state without them.

Planning is already well underway for the 2021 fall Marching Band season. The Southridge Marching Ensemble is a competitive field show band and is an optional, but **highly recommended** part of Southridge's band program. Southridge's musicians and color guard perform an approximately 9-minute show, competing at several sanctioned competitions during the fall season. Southridge band students, middle school 8th grade students and students who live within Southridge's boundaries but attend option, private or home school are eligible to join.

As part of our preparation for the upcoming 2021-22 school year, we would normally meet in person and go over this material with you during our General Meeting in June. However, due to lingering COVID-19 concerns, we are not quite yet able to bring everyone together and our General Meeting being held on June 9th is being conducted over Zoom. As such, this packet contains all of the forms and information for this upcoming year that you would otherwise receive in person. We do anticipate being able to bring everyone (students and parents) together in person on August 14th prior to the start of Marching Band Camp to complete registration, go over additional details, fit the students for their Marching Band uniforms and answer any questions you may have at that time. In the meantime, if you have any questions about these forms or information contained in this packet, please contact Cameron Jerde, Director of Bands at cameron_jerde@beaverton.k12.or.us, Nick Garcia, Dance and Guard Director at dance_guard@simde.org or Eric French, SIMDE President at president@simde.org. This packet will also be available for download from our website at simde.org.

Thank you for all that you do. We truly appreciate your support of your students and the SIMDE program as a whole, as none of this would happen without the support of parent volunteers. We look forward to seeing you this summer and fall!

Warmest Regards,

Cameron Jerde - Director of Bands
Nick Garcia - Dance and Guard Director
Eric French - SIMDE President

SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES

14845 SW MURRAY SCHOLLS DRIVE SUITE 110 PMB 108 BEAVERTON, OR 97007



SOUTHRIDGE MARCHING ENSEMBLE | FALL 2021 | REGISTRATION AND FEES

Student Name: _____ Student ID#: _____ Fall '21 Grade: _____

Parent/Guardian Name(s): _____ Parent Email: _____

Address: _____ Parent Cell Phone: _____ Home Phone: _____

SOUTHRIDGE MARCHING ENSEMBLE | TUITION FOR FALL 2021

Tuition for Marching Band or Color Guard is \$450. Fees help to cover the cost of show design, instruction, competition fees and a show shirt and other costs/fees. Due to lingering Coronavirus concerns, there will not be a meal service provided during competitions for this season. Please keep the reminder copy of this page for your records.

TOTAL FEES FOR REGISTERING BAND OR GUARD MEMBER

| ITEM | FEE | AMOUNT DUE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
| Tuition Deposit Due: 7/12/2021 | \$200 | \$200 |
| Remaining Tuition Due: 8/14/2021 | \$250 | \$250 |
| Guard Shoes - Required for Guard members who do not have Guard shoes in good condition | N/A or \$40 | |
| Band Shoes - Required for Band members who need new or replacement shoes | N/A or \$40 | |
| TOTAL DUE ON OR BEFORE 8/14/2021 | | |
| Optional donation to SIMDE to assist students with financial needs. A separate payment is appreciated to assist with financial record keeping. Thank you! | | |

If full payment is not received by September 1st, a \$50 late fee will be added. Members who fail to complete full payment plus any late charges by October 1st will no longer be in good financial standing and may not be eligible to participate. See the Financial Agreement for details. **Band or Guard members that need an alternate payment plan can request to do so through the Director of Bands.**

Additional Costs/Information:

- The Beaverton School District Activity Participation Form and check for \$85 payable to Southridge High School should be turned in at Marching Ensemble registration in August. This form will be available in August.
- Guard members receive one pair of gloves and one pair of tights.
- Band members must wear appropriate close-fitting black clothing under their uniform. Guidelines will be given in August.

FINANCIAL AGREEMENT

I understand and accept that Southridge Instrumental Music and Dance Ensembles (SIMDE) programs have participation fees and members must be in good standing to participate. Members not paid in full by the final due date of the program may not be allowed to participate until such time as full payment is received or financial arrangements (payment plan) for student account has been submitted by me and approved by the Director of Bands. I acknowledge, by my signature as responsible individual for student, that assessed fees herein are my financial obligation. I further agree to pay fees by required due date(s). In the event my student is over the age-of-majority, I agree to assume financial obligations of age-of-majority participation.

Parent/Guardian Print Name: _____ Date: _____

Parent/Guardian Signature: _____

Payments Payable To: SIMDE **Mailing Address:** 14845 SW Murray Scholls Drive, Suite 110, PMB 108
Beaverton, OR 97007

SIMDE is a 501c(3) non-profit corporation supporting Southridge High School Music and Dance Curricular and extra-curricular activities by way of logistics, fund raising and advocacy, including performance and competitive Marching, Orchestra, Concert, Jazz, Pep and Pit bands as well as Color Guard/Dance and Winter Percussion events and activities.



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SOUTHRIDGE BAND STUDENTS (ALL) | FALL 2021 | CONTACT INFORMATION

😊 !!! PLEASE COMPLETE THIS FORM LEGIBLY SO IT CAN BE READ !!! 😊

STUDENT NAME: _____

Have you already logged into Cut Time to verify and/or update your 2021-22 contact information? Cut Time is used to track members of the band and dance programs and communicate important information to students and parents.

- If YES, please complete this form for our records.
- If NO, please complete this form for our records.
- If you are thinking, "What is Cut Time?" or "I don't know how to log into Cut Time," please complete this form for our records.

STUDENT INFORMATION

Beaverton School District ID#: _____ **School:** _____ **Grade In Fall 2021:** _____

Student Email Address: _____ **Student Cell Phone:** _____

Address: _____ **Student Home Phone:** _____

_____ **Band:** ☐ **Color Guard:** ☐

Concert Instrument: _____ **Marching Instrument or Section:** _____

PRIMARY PARENT/GUARDIAN INFORMATION

Name: _____ **Email Address:** _____

Address: _____ **Cell Phone:** _____

_____ **Home Phone:** _____

Check Here if Same Address as Student: ☐

PRIMARY PARENT/GUARDIAN INFORMATION

Name: _____ **Email Address:** _____

Address: _____ **Cell Phone:** _____

_____ **Home Phone:** _____

Check Here if Same Address as Student: ☐



SOUTHRIDGE MARCHING ENSEMBLE | FALL 2021

HEALTH INFORMATION AND CONSENT FOR TREATMENT OF A MINOR

😊 !!! PLEASE COMPLETE THIS FORM LEGIBLY SO IT CAN BE READ !!! 😊

STUDENT NAME: _____

This form may be used in the event your student requires medical attention and you cannot be contacted. If your student's physician cannot be reached, or if a physician feels the student should be treated in an Emergency Room, this completed form will accompany your student. All information on this form will remain confidential and only be used in the event of an emergency.

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____ **Policy/Group Number:** _____

STUDENT'S PHYSICIAN INFORMATION

Physicians Name: _____ **Physician's Phone Number:** _____

STUDENT HEALTH HISTORY INFORMATION

Date of Last Tetanus Shot: _____

Does Your Student Have Any Allergies? (Food, Medications, Bee Stings, Latex, etc.): Yes ☐ No ☐

If Yes, Please Explain: _____

Does Your Student Have Any Dietary Restrictions? Vegetarian ☐ Vegan ☐ Gluten Free ☐

Does Your Student Have Any Medical Conditions We Should Be Aware Of: Yes ☐ No ☐

If Yes, Please List the Condition: _____

Does Your Student Take Any Prescription Medications? Yes ☐ No ☐

If Yes, Please List the Medication and Dosage: _____

In the event your student is not feeling well and requests non-prescription medication such as ibuprofen, antacid, etc., do you give permission for an adult instructor or chaperone to provide it to them?

Yes ☐ No ☐ Yes, with the Following Exceptions: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ **Relationship:** _____

Cell Phone: _____ **Other Phone:** _____

Emergency Contact #2: _____ **Relationship:** _____

Cell Phone: _____ **Other Phone:** _____

AUTHORIZATION

I, _____ certify that I am the Parent/Legal Guardian of _____
(Print Parent/Guardian Name) (Print Student Name)

who was born on (MM/DD/YYYY) _____. As such, I hereby authorize Southridge Instrumental Music and Dance Ensemble instructors and chaperones who are 18 years of age or older to consent to any normal and/or emergency medical and/or surgical treatment which is deemed advisable if I cannot reasonably be located through the information set out on this form when the student is brought in for treatment. This authorization is effective from June 1, 2021 through June 30, 2022 for band and guard events.

Parent/Guardian Signature: _____ **Date:** _____



SOUTHRIDGE MARCHING ENSEMBLE | FALL 2021 LIABILITY & PHOTOGRAPHY RELEASE

☺ !!! PLEASE COMPLETE THIS FORM LEGIBLY SO IT CAN BE READ !!! ☺

STUDENT NAME: _____

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

As the Parent/Legal Guardian of _____, I understand and agree that participation in this activity, which is physical in nature, has its natural risks. I agree to defend, release from liability and hold harmless the school district, chaperones, employees and volunteers along with the destinations for camps and competitions from any and all claims and liabilities arising out of participation in this activity, except those which result from the sole negligence of the district.

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Students Over 18 Years of Age:

Print Name: _____

Signature: _____ **Date:** _____

PHOTOGRAPHY RELEASE

I hereby grant permission to Southridge Instrumental Music and Dance Ensembles (SIMDE) to use photographs and images taken at rehearsals, festivals and performances on its website or in its printed materials without further consideration. I understand that my student _____ may be in one of those photos and I acknowledge SIMDE's right to crop or treat the photograph at its discretion. I understand that pictures placed on a website will be accessible to anyone with internet access and may be used in instructional settings. I also understand that no complete names are posted with these photos on said website. I have read this release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Students Over 18 Years of Age:

Print Name: _____

Signature: _____ **Date:** _____



SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES VOLUNTEER OPPORTUNITIES

😊 !!! PLEASE COMPLETE THIS FORM LEGIBLY SO IT CAN BE READ !!! 😊

Help! We need volunteers throughout the school year to help pull off the multitude of concerts, competitions and events associated with our music and dance programs. Don't worry... this is an interest form, not a commitment! Let us know what interests you and a board member or lead volunteer will contact you to see what fits your interests, skills and schedule. Questions? Email Cameron Jerde, Director of Bands at cameron_jerde@beaverton.k12.or.us or Eric French, SIMDE President at president@simde.org. Thanks!

Name: _____ Cell #: _____ Home #: _____ Email: _____

GENERAL

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Request As Needed | Want to help, but unsure what you want to do? Check this box if you'd like to be contacted about various opportunities. |
| <input type="checkbox"/> | Share Your Skills | <input type="checkbox"/> Photography <input type="checkbox"/> Graphic Design <input type="checkbox"/> Cooking <input type="checkbox"/> Sewing <input type="checkbox"/> Accounting <input type="checkbox"/> Web Design <input type="checkbox"/> Videography <input type="checkbox"/> Truck Driving <input type="checkbox"/> Trailer Pulling <input type="checkbox"/> Grant Writing <input type="checkbox"/> Publicity <input type="checkbox"/> Fundraising <input type="checkbox"/> Legal <input type="checkbox"/> First Aid <input type="checkbox"/> Construction/Repair <input type="checkbox"/> Other: _____ |
| Does your employer have a program to match your volunteer hours with a charitable donation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your company's name? _____ | | |

SUPPORT VOLUNTEERS

| | | |
|--------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Uniform Team | Uniform fittings, check in/out, mending and/or organizing. Sewing skills optional. |
| <input type="checkbox"/> | Pit Crew | Truck driver/tow trailer, drive equipment truck, move equipment onto field for performances, competition camp setup and breakdown. |
| <input type="checkbox"/> | Prop Team | Help design and build walls, tarps and other props for competitions. |
| <input type="checkbox"/> | Color Guard Flags | Cut and/or sew flags. |
| <input type="checkbox"/> | Laundry | Needs vary by program and season. Guard costumes, band uniforms, tablecloths, t-shirts, etc. |
| <input type="checkbox"/> | Food Team | Prepare and serve food to students on competition days. |
| <input type="checkbox"/> | Family BBQ | Help with the BBQ at the end of Band Camp. |
| <input type="checkbox"/> | Chaperone Team | Support students on competition days, games, parades, concert festivals. |
| <input type="checkbox"/> | Transportation | Drive a carpool of students to a competition or festival. |
| <input type="checkbox"/> | Apparel & Spirit Wear | Assist with selling and distributing show shirts and spirit wear. |
| <input type="checkbox"/> | Snack Team | Help plan and serve snacks after games, rehearsals and competitions. |
| <input type="checkbox"/> | Recruitment Coordinator | Aid recruitment efforts with middle school feeder schools. |
| <input type="checkbox"/> | Webmaster | Update SIMDE website regularly based on Director or SIMDE board needs. |

EVENTS AND FUNDRAISING (VPs of Fundraising oversee fundraisers. Volunteers are needed to assist.)

| | | |
|--------------------------|-------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> | Request as Needed | General fundraising help. |
| <input type="checkbox"/> | Band Day | Transport and accompany students as they perform for donations in neighborhoods. |
| <input type="checkbox"/> | Jazz and Dine | Help plan and run the concert, dinner and auction. |
| <input type="checkbox"/> | Sales | Lead or assist a short-term sale Examples: Holiday wreaths, cookie dough, etc. |
| <input type="checkbox"/> | Scrip Sales | Assist with orders throughout the year. |
| <input type="checkbox"/> | Sponsorships | Seek sponsorships from businesses. |
| <input type="checkbox"/> | Restaurant Nights | Assist with scheduling SIMDE fundraiser nights at local restaurants. |

GENERAL SUPPORT VOLUNTEER – PLEASE INDICATE WHICH SEASON(S)

| | | | |
|---------------------------------------------|---------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Fall Marching Band | <input type="checkbox"/> Winter Guard | <input type="checkbox"/> Winter Percussion | <input type="checkbox"/> Concert Festivals |
|---------------------------------------------|---------------------------------------|--------------------------------------------|--------------------------------------------|



SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES MARCHING BAND SCHEDULE I FALL 2021

NOTE: This is a tentative and fluid schedule as we return from COVID-19. We will communicate any changes when/if they arise.

Sectional Rehearsals: Sectional rehearsals will comprise of one Winds, one Percussion and one Color Guard sectional per week.

| AUGUST | | | |
|--------------|--------------------|---------------------------------------------------------------------------------------------|-------------------------------|
| Date | Time | Event | Location |
| 8/9 - 8/13 | 9am - 12pm | Rookie/Refresher Camp (all marchers encouraged to attend) | Southridge High School |
| 8/14 | 10am | General Meeting / Registration for ALL Marching and Guard Students / Uniform Fitting | Southridge High School |
| 8/16 - 8/20 | 9am - 9pm | Marching Band Camp | Southridge High School |
| 8/23 - 8/27 | 9am - 9pm | Marching Band Camp | Southridge High School |
| 8/27 | 7pm | Marching Band Show Reveal Performance | Southridge High School |
| Week of 8/30 | Days and times TBD | 2x Weekly Rehearsals Begin | Southridge High School |
| Week of 8/30 | Days and times TBD | Sectional Rehearsals Begin | Southridge High School |
| SEPTEMBER | | | |
| Date | Time | Event | Location |
| Week of 9/6 | Days and times TBD | 2x Weekly After School Rehearsals Begin | Southridge High School |
| Week of 9/6 | Days and times TBD | Sectional Rehearsals Continue | Southridge High School |
| 9/11 | 8:30am - 3:30pm | Saturday Practice | Southridge High School |
| 9/17 | 5pm | Football Game vs. Roseburg (AJK Memorial Game) | Southridge High School |
| 9/18 | 8:30am - 3:30pm | Saturday Practice | Southridge High School |
| 9/25 | 8:30am - 3:30pm | Saturday Practice | Southridge High School |
| TBD | TBD | Beaverton Parade | TBD |
| OCTOBER | | | |
| Date | Time | Event | Location |
| 10/1 | 5pm | Football Game vs. Jesuit | Southridge High School |
| 10/2 | 8:30am - 3:30pm | Saturday Practice | Southridge High School |
| Week of 10/4 | Days and times TBD | 2x Weekly After School Rehearsals and Sectional Rehearsals Continue | Southridge High School |
| 10/8 | 5pm | Football Game vs. Westview | Southridge High School |
| 10/9 | TBD | Marching Band Competition – Liberty Marching Arts Challenge | Hillsboro Stadium |
| 10/16 | TBD | Marching Band Competition – Sunset Classic | Sunset High School |
| 10/22 | 5pm | Football Game vs. Aloha (Homecoming & Senior Night) | Southridge High School |
| 10/23 | TBD | Marching Band Competition – Century Showcase | Hillsboro Stadium |
| 10/30 | TBD | NWAPA Regional Championships | Sherwood High School |

During the course of the school year, your student may be involved in various activities sponsored by the Beaverton School District No. 48. There will be some activities that the District will not be providing transportation to and from. In the event that private transportation is necessary, please complete the following form that: (a) requests that you be allowed to act as a volunteer driver of other students; (b) requests that your student be permitted to be a passenger in a privately operated vehicle; (c) requests that your student drive **ONLY** him/herself*; (d) requests that your student be allowed to act as a volunteer driver*; and (e) releases the District from liability arising out of students being transported in a privately owned vehicle.

Section 1: Trip Information (completed by teacher, advisor or coach)

| | | | | |
|-----------------------------------------------------------------------------------|-------------|-------------------------------------|--------------------|-------------|
| SCHOOL | DESTINATION | DEPARTURE DATE | DEPART TIME | RETURN TIME |
| DESCRIPTION OF TRIP | | SUPERVISING STAFF NAME | STAFF PHONE NUMBER | |
| WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE | | FOOD ARRANGEMENTS (when applicable) | | |

Section 2: Student Information and Parent Permission (completed by parent or guardian)

| | | |
|---------------------------|--------------------------------|--------------------------------|
| STUDENT NAME | STUDENT ID | STUDENT CELL PHONE NUMBER |
| PARENT/GUARDIAN NAME | HOME PHONE NUMBER | CELL PHONE NUMBER |
| EMERGENCY CONTACT NAME | EMERGENCY CONTACT RELATIONSHIP | EMERGENCY CONTACT PHONE NUMBER |
| HEALTH INSURANCE PROVIDER | | POLICY NUMBER |

◆ **TRIP PERMISSION**
 I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ **MEDICAL WAIVER**
 I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

◆ **IN CASE OF SURGICAL EMERGENCY**
 I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and signed.

◆ **TRANSPORTATION RELEASE**
 I agree, by signing below, to release from liability, hold harmless, defend and indemnify the Beaverton School District, its agents, employees, and board members, from liability arising out of personal injuries and/or property damage resulting from or in any way connected to transport to and from said activities. By signing below, I affirm that I have carefully read and understood the terms and conditions required of volunteer drivers.

| | |
|------------------------------------------|------------------------------------------------|
| NAME OF PARENT OR LEGAL GUARDIAN (print) | SIGNATURE OF PARENT OR LEGAL GUARDIAN AND DATE |
|------------------------------------------|------------------------------------------------|

*Per IIC-AR, Students cannot be drivers on Field Trips. Students may only drive to/from district sponsored activities if the activity is within the boundaries of the following school district's: Beaverton, Portland (west of the Willamette River), Hillsboro, Forest Grove, Banks, Tigard/Tualatin, West Linn/Wilsonville, Riverdale and Sherwood.

Section 3: Volunteer Driver Information (must read and agree you meet driver qualification)

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------|------------|
| DRIVER'S NAME (as it appears on driver's license) | DATE OF BIRTH | DRIVERS LICENSE # AND STATE | EXPIRATION |
| DRIVER'S PHONE NUMBER | DRIVER'S HOME ADDRESS | | |
| INSURANCE COMPANY | INSURANCE POLICY NUMBER & EXPIRATION DATE (attach copy of insurance card) | | |
| <p>I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from school activities. I request that the above named individual be allowed to transport students to and from activities sanctioned for private transportation by school officials. I hereby release, hold harmless, defend and indemnify the Beaverton School District, its agents, employees, and board members, from liability arising out of personal injuries and/or property damage resulting from or in any way connected to transport to and from said activities. By signing below, I affirm that I have carefully read and understand the terms and conditions required of volunteer drivers (outlined below).</p> | | | |
| <p>I am driving: <input type="checkbox"/> myself and my student ONLY <input type="checkbox"/> myself and other students</p> | | | |
| NAME OF ADULT DRIVER OR PARENT/LEGAL GUARDIAN OF DRIVER (print) | | SIGNATURE OF ADULT DRIVER OR PARENT/LEGAL GUARDIAN OF DRIVER & DATE | |

Section 4: Volunteer Driver Qualifications

To qualify as a Beaverton School District Volunteer Driver, the following conditions must be met.

Volunteer Drivers: (a volunteer driver is **ANYONE** driving a Private Auto)

1. Must operate their vehicles with a valid driver's license that is not a provisional driver's license. Drivers must comply with ORS 807.122 which limits drivers using a provisional driver's license from transporting passengers. **
2. May not have any moving violations on their driving record for the three (3) years (5 years for a DUI violation) prior to their application to act as a Volunteer Driver.
3. Must not have any automobile accidents for which they were liable for the five (5) years prior to their application to act as a Volunteer Driver.
4. Must provide a copy of their automobile insurance information to the authority at the school in which they wish to act as a Volunteer Driver.
5. Agree by signing this agreement, they will adhere to all traffic ordinances and laws.
6. I have completed and passed a Beaverton School District Volunteer Background Check.

****ORS 807.122 Restrictions on operation with provisional driver license.** (1) The Department of Transportation shall place the following restrictions on a provisional driver license issued under ORS 807.065:

- (a) Except as provided in subsections (2) and (3) of this section, for the first six months after issuance of the license, the holder of the license may not operate a motor vehicle that is carrying a passenger under 20 years of age who is not a member of the holder's immediate family. For the second six months, the holder of the license may not operate a motor vehicle that is carrying more than three passengers who are under 20 years of age and who are not members of the holder's immediate family.
- (b) For the first year after issuance of the license, the holder of the license may not operate a motor vehicle between the hours of 12 midnight and 5 am except when:
 - (A) The holder is driving between the holder's home and place of employment;
 - (B) The holder is driving between the holder's home and a school event for which no other transportation is available;
 - (C) The holder is driving for employment purposes; or
 - (D) The holder is accompanied by a licensed driver who is at least 25 years of age.

OREGON DEPT. OF EDUCATION DOES NOT ALLOW STUDENT TRANSPORTATION IN VEHICLES WITH A CAPACITY GREATER THAN 10 OCCUPANTS (including driver) UNLESS IT IS AN ODE APPROVED COMMERCIAL CARRIER.

SCHOOL ADMINISTRATOR APPROVAL

| | |
|---------------------------|-----------------------------------------|
| SCHOOL ADMINISTRATOR NAME | SCHOOL ADMINISTRATOR SIGNATURE AND DATE |
|---------------------------|-----------------------------------------|



Form A
PARENT/GUARDIAN PERMISSION
(In-State, Day Trips using District Bus)

2019-20

Section 1: Trip Information

| | | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|-----------------------------------|
| <small>SCHOOL</small> Southridge High School | <small>DESTINATION</small> See below | <small>DEPARTURE DATE</small> See below | <small>DEPART TIME</small> TBD | <small>RETURN TIME</small> TBD |
| <small>DESCRIPTION OF TRIP</small> SIMDE competitions, parades and other activities | | <small>SUPERVISING STAFF NAME</small> Cameron Jerde | <small>SCHOOL PHONE NUMBER</small> 503-259-5400 | |
| <small>WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE</small> See below | | | <small>FOOD ARRANGEMENTS (when applicable)</small> TBD | |

Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| <small>STUDENT NAME</small> | | <small>STUDENT ID #</small> | <small>STUDENT CELL PHONE #</small> |
| <small>HEALTH INSURANCE PROVIDER</small> | | <small>POLICY NUMBER</small> | |
| ♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip. | ♦ MEDICAL WAIVER I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student. | | |
| <small>PARENT/GUARDIAN NAME (PRINT)</small> | | <small>PARENT/GUARDIAN SIGNATURE/DATE</small> | <small>CELL PHONE NUMBER</small> |

Form A Parent Permission Rev. June 2018

| DATE | EVENT | LOCATION | CITY, STATE |
|------------|---------------------------------|----------------------|---------------|
| 10/09/2021 | Liberty Marching Arts Challenge | Hillsboro Stadium | Hillsboro, OR |
| 10/16/2021 | Sunset Classic | Sunset High School | Portland, OR |
| 10/23/2021 | Century Showcase | Hillsboro Stadium | Hillsboro, OR |
| 10/30/2021 | NWAPA Regional Championships | Sherwood High School | Sherwood, OR |
| TBD | Beaverton Parade | TBD | Beaverton, OR |



STUDENT ID#:

ACTIVITY:

Your son/daughter has expressed a desire to participate in a Beaverton School District #48 non-athletic activity. The school staff and administration require certain information concerning such participation which may be helpful to you. Will you please read and then sign this information form at the bottom of the page and return it to the appropriate advisor.

1. Some participants must pay a fee. (Please refer to the reverse side of this form). This fee covers participation only – no insurance included.
2. Practice and activity equipment is the responsibility of the participant. Any equipment, costume, or uniform issued to the participant by the school must be returned at the end of participation.
3. All participants are expected to conform to the rules of scholastic eligibility, participation, and training rules as prescribed by the Oregon School Activities Association and the Beaverton School District. *(This information will be reviewed by the advisor prior to the start of participation.)*
4. When groups travel for events outside the school district, transportation may be furnished by the school district. When District transportation is provided, participants must travel both to and from the location of the contest by school-provided transportation unless exceptions are granted by the advisor in charge.
5. Recognizing that as a result of such participation, medical treatment on an emergency basis may be necessary and school personnel may be unable to contact a parent for consent in a emergency medical situation. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the-existing circumstances.

6. I realize no amount of reasonable supervision or training can eliminate all the dangers of participation. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of participation, I give my permission for my son/daughter to participate in all activities approved by the Beaverton School District this year. If I have an exception, I have listed them below:

(Exceptions)

7. Certain events may involve overnight stays in hotels, motels or dormitories. During these occasions, supervision will be provided by advisors and parent chaperones. Students will be expected to follow all rules of the Beaverton School District. Failure to follow the rules may result in the participant being sent home at the parents' expense. The participant may also be subject to school disciplinary action.
8. Medical insurance is the responsibility of the participant.

I have read the above and agree to the terms as listed.

Signature of Parent/Guardian _____

Date _____

Beaverton School District participates in the Impact concussion management program. Athletes in high risk sports will be administered a cognitive baseline test through the athletic training program. Baseline testing will be utilized in the event of a concussion as a tool to help determine the athlete's ability to return to play . All results are kept confidential and will only be used by the Athletic Trainer, Team Physician and/or necessary medical staff. **If you do not wish to have your child participate in the program please sign below.**

Signature: _____



SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES BEAVERTON PARADE I ADULT AND CHILD PHOTO RELEASE FORM

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS

I, _____, hereby grant permission for a photograph or video of myself and (if
(Print Name Here)
applicable) my child/children (please child/children below).

By my signature below, I authorize the City of Beaverton to use my and my child's image to promote or publicize city-sponsored events. I understand and agree that the publicity that the city publishes or issues will be distributed on the internet and other media and will otherwise be available to the general public, and that the City has almost no control over the uses that the public puts to that publicity, including the images of me and my child. I am aware of the risk that a member of the public may, without my or the City's permission, use or alter my image or that of my child in a manner that would show me or my child in a false light or constitute libel or an invasion of my or my child's privacy.

I agree that if I believe that the City's use of my or my child's likeness puts me or my child in a false light or otherwise constitutes an unreasonable invasion of my or my child's privacy, I will so notify the City and will give the City a reasonable time to correct the problem or to retract the use of my or my child's image. In consideration of City's official internet site and in and on other publicity media, and I for myself and for my child hereby WAIVE any claim that mat otherwise accrue to me or my child against the City of Beaverton for misuse of my or my child's published image by others in such a way as to cast me or my child in a false light or constitute libel or an invasion of privacy.

I understand that the copyright for all photographs or other images of me and my child will be held by the City of Beaverton. This copyright includes without limitation any and all rights to include the work in this and any future publications of the City in any format or media. I hereby waive all rights to compensation for these photographs, regardless of how they are displayed.

I waive any right to inspect or pre-approve the manner in which the photographs or accompanying material appears in printed or electronic form. I have read this release form and fully understand and agree to its contents. I have not been induced or coerced in any way into signing this release.

Child / Children Participant(s)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

NOTE: Parent or Legal Guardian signature is required if the participant(s) are less than 18 years of age.

Participant Print Name: _____

Participant Signature: _____ **Date:** _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES

14845 SW MURRAY SCHOLLS DRIVE SUITE 110 PMB 108 BEAVERTON, OR 97007



SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES

TAX DEDUCTIBLE DONATION | TAX ID# 20-5998294

Dear _____,

I am a member of the Southridge Marching Ensemble in Beaverton, OR. I am writing to ask if you would consider sponsoring me for the upcoming school year. By being part of this organization, I have the opportunity to receive outstanding instruction allowing me to grow through music and movement. This quality program also encourages my growth in self-reliance, discipline, leadership skills and a strong sense of self-worth and work ethic. These life skills are learned through many hours of rehearsal and competitions throughout the year, culminating in award winning performances and activities such as marching in the Grand Floral Parade. The Southridge Marching Ensemble is proud to have won over 100 awards in past years, including being the NWAPA Champions.

The program is supported financially through members' fees and fundraising activities. Since participation fees do not cover the entire cost of the overall program, each member is responsible for paying participation fees and participating in fundraising to cover expenses. Your sponsorship will help in providing me the opportunity to participate in this program and travel as a member of one of the finest Marching Ensembles in the Northwest.

Would you please help? By donating to the entire program, you will help us purchase music rights, show design and props to be used during this year's show and your gift is 100% tax deductible as allowed by law. If you prefer, you can help me personally by giving toward my \$450 participation fee. While this gift would be equally appreciated, please bear in mind that only donations to the program as a whole are tax deductible. Donation to specifically assist with my participation fee are not tax deductible.

Please consider making a contribution to help us on our journey. Your support will help me have a fun, safe and successful season.

Sincerely,

Southridge Marching Ensemble Member

Please keep a copy of this page for your records. Please return the bottom portion with your donation.

☐ Yes! I/we would like to make a tax-deductible donation to SIMDE in the amount of \$_____.

☐ I/we would like to contribute \$_____ toward _____'s participation fees. I understand this gift is not tax deductible.

☐ My check/cash is enclosed. (Make checks payable to SIMDE)

☐ Bill my credit card below.

Sponsor Name: _____

Name on Card: _____

Address: _____

Card Number: _____

Phone: _____

Expiration: _____ CCV: _____

Email: _____

Billing Zip Code: _____

Signature: _____

*Please make checks payable to SIMDE or Southridge Instrumental Music and Dance Ensemble. As a 501-c3 non-profit organization, your contribution to SIMDE will be tax deductible to the extent permitted by law. Amounts over \$250 will receive a tax receipt from SIMDE.
Thank you in advance for your support!*

SOUTHRIDGE INSTRUMENTAL MUSIC AND DANCE ENSEMBLES

14845 SW MURRAY SCHOLLS DRIVE SUITE 110 PMB 108 BEAVERTON, OR 97007 | TAX ID# 20-5998294