



REYNOLDS SECONDARY SCHOOL MUSIC TOUR March 31– April 5

This year we are pleased to offer a six day band trip to the interior of BC and Alberta. Students will have the opportunity to see the Othello Tunnels (weather permitting), a stop in Jasper National Park and visit the world famous Palaeontology Centre in Drumheller. We will also spend the day at the West Edmonton Mall, including the World Waterpark, Galaxy Land and the Crystal Labyrinth

The musical component of the trip will be unique. On September 5th, 2019, Parkcrest Elementary School in Kamloops burnt down. This is the elementary school that Mr. Davis attended. We are in the process of trying to arrange to perform a benefit concert in Kamloops to raise funds to support their music component at the school.

As well as the concert in Kamloops, students will be participating in band and choir clinics at Grant MacEwan University Conservatory of Music in Edmonton.

TRIP COSTS

The cost of the trip will include charter bus transportation, hotel accommodations, full breakfast buffets, admission fees for all proposed trip activities and all taxes and gratuities. Students will be responsible for their meals other than breakfast and spending money.

The full cost of the trip, will be **\$975.00**

The first payment of \$300.00 is due on November 8th
The second payment of \$300.00 is due on December 13th
Final payment of \$375.00 is due on February 1st

PAYMENT OPTIONS

Please note that all payments are non-refundable. Please complete the attached trip permission travel forms and return them with your deposit and post-dated cheques.

Parents and students will need to submit three post-dated cheques for the trip payments with their returned trip forms by the first payment date of November 8th. If a parent wishes to make their payment online, it will be the responsibility of the parent to send a copy of the receipt of payment to Mr. Davis one week before the payment due date or the cheque will be cashed. Any cash payments will have to be delivered directly to Jamie Davis by one week prior to the payment due date.

**A student will not be placed on the travel list if their first cheque and the two other post-dated cheques are not submitted with their travel forms by November 8th deadline.*

TRAVEL POLICY

STUDENTS WITH FAILING GRADES OR POOR CITIZENSHIP (i.e. poor attendance, incomplete class assignments and suspension, etc.) ARE NOT ELIGIBLE TO TRAVEL.

Students who miss more than 6 classes in any one subject during a semester will be not be permitted to travel unless they receive permission from staff and administration. Under these circumstances students will forfeit their non-refundable payments.

***STUDENTS ARE RESPONSIBLE FOR ALL SCHOOL WORK MISSED WHILE AWAY**

PARENT MEEETING

Wednesday, October 23rd – 6:00pm

GROUP TRAVEL

Finally, over the years, our bands have established an excellent reputation for performance and conduct while on tour. We will be accommodating many students on a tour and so flexibility and patience will be required.

October 23, 2019

CERTIFICATE OF PARENTAL AUTHORITY

A school journey in which difficulty of adequate supervision may be encountered is planned for March/April 2020.

I have read the preliminary trip agenda. I have also reviewed the behavioral and safety expectations with my child. I understand that while a reasonable standard of care will be provided, there may, of necessity, be times when my child is not under the direct supervision of any adult. I also understand that travel of any kind involves the acceptance of a reasonable risk by parents, supervisors and the students themselves.

I give permission for my son/daughter to participate in this special journey.

Name of student

Signature of parent/guardian

**REYNOLDS SECONDARY SCHOOL
JUNIOR MUSIC TOUR
MARCH/APRIL 2020**

The following rules of conduct shall apply to all students travelling:

1. when not with the group, each member must be in the company of at least two other members, unless given permission by a chaperone to do otherwise;
2. students are expected to observe any curfew initiated during the trip;
3. intoxicants in any form are not permitted at any time;
4. punctuality is expected at all times;
5. there will be no members of the opposite sex in any hotel room at anytime;
6. courtesy and respect will be afforded all persons encountered on the trip, especially hosts, travel personnel and chaperones;
7. any student who feels ill or encounters any problems must inform one of the chaperones immediately;
8. any pre-existing medical conditions must be reported to the teacher in charge prior to trip departure;
9. any accommodations used during the trip are to be kept clean and free from damage;
10. in the case of a breach of the above mentioned regulations, the students involved will be returned to Victoria on the first available flight at their own expense and with no refund of any trip payment. The decision to take such a step will be the responsibility of a Disciplinary Committee including the Director and two chaperones. Parents will be notified by phone, immediately.

We, the undersigned, understand that our son/daughter , _____ is subject to the above mentioned regulations governing the Reynolds Secondary School Junior Music Tour and that any violation of the regulations will result in some form of disciplinary action upon return to Victoria.

Should our son/daughter be sent home, we agree to reimburse the Reynolds Secondary School for all costs incurred, within 60 days of the student's return to Victoria.

Dated at Victoria, on this _____ day of _____

Understood and agreed to by

Signature of Parent or Guardian

Signature of Student

**Reynolds Secondary School
Junior Music Tour
March/April 2020
Medical Form**

Student's Name: _____ **Birthdate:** _____

Address: _____ **Postal Code:** _____

Medical Alert: (Please give details of problem no matter how minor it may seem to you. List all allergies - such as food, medications or insects.)

Special Medication Required: No Yes
Give Details: Dose _____
Frequency _____
Why taken _____

Will student be carrying above medication: No Yes

MEDICATIONS: We will be stocking some non-prescription medications listed below in our First-Aid kit. In the event that your student will required one of these medications, we ask you to review them and tick off those you would allow us to administer.

- Antacids (Tums, Pepto)
- Antidiarrhea (Immodium, Kaopectate)
- Antihistamines (Benadryl, Chlorotripilon)
- Expectorant (Robitussin, Benalyn Formula)
- Gravol
- Polysporin ointment
- Topical Analgesic (treatment for sunburns)
- Tylenol and/or Ibuprofen
- Epi-pen (for treatment of severe allergenic reaction)

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

SIGNATURE OF PARENT/GUARDIAN: _____

IN CASE OF EMERGENCY

Full name of Parent or Guardian: _____

Phone Number: _____

Family Doctor: _____ Phone #: _____

Care Card Number: _____

STUDENT OVERNIGHT ACCOMMODATION FORM

To be completed by parent/guardian:

School: _____

Student's Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Parent's/Guardian's Name: _____

Telephone: (H) _____ (W) _____

Cell: _____ Fax: _____

Email: _____

Emergency Contact:

Name (1): _____

Telephone: _____ Cell: _____

Name (2): _____

Telephone: _____ Cell: _____

Medical Information

Student's Birthdate: _____

Care Card Number: _____

Travel Insurance: _____ Coverage No.: _____

Passport Number: _____ Expiry Date: _____

Medical Alert Information (allergies, dietary restriction, medications, existing medical conditions) that you want the supervisors and/or billeting family to know about.

Permission is given to seek medical attention and for release of medical records.
Parents will be notified.

Signature of Parent _____