



INDOOR PERCUSSION CONTRACT 2024-2025

As a member of the Edison High School Indoor Percussion, you are required to adhere to the organization's policies and procedures as well as those set forth by Edison High School and Edison Public Schools. Please read thoroughly and sign your initials on the line next to each statement stating that you understand each item.

Student Parent

_____ I have made the decision to be a member of the 2024-2025 Edison High School Indoor Percussion.

_____ By submitting this form, I realize that my participation is expected in the 2024-2025 Indoor Percussion Show. If I do not fulfill my obligation, I will cause hardship for those members who remain in the program. This form expresses my commitment to the organization.

_____ I am aware of the time commitment required. Furthermore, I understand the importance of my attendance at all rehearsals and performances. I will plan my personal schedule around planned rehearsals and performances. I understand that program items may be added to the schedule throughout the year and that directors of the program will provide me with as much notice as possible. I will use my best efforts to incorporate these added items into my schedule.

_____ I will join the Band APP, and complete all video assignments for the 2024-2025 season.

_____ **I am aware of the financial commitment that is involved. I understand the importance of timely payment of indoor fees, and the need for help in fundraising efforts. There are many Fundraising opportunities to help mitigate the Tuition payments. Details will be available throughout the year. I understand that Parent assistance and participation is strongly encouraged for several events.**

_____ I understand that a \$50.00 deposit is required on December 6th, 2025 to reserve my place in the ensemble.

Requests for refunds must be made in writing and submitted to the Director.

_____ I understand the Tuition program and I understand that each student is to pay his/her own Tuition.

Our Tuition will be paid in full by March 1st, 2025. Unpaid Tuition amounts will be turned into the school as fines.

_____ I understand I must return any school owned instruments by the announced date.

_____ I have read, understand and will uphold the rules and regulations outlined in the Edison High School Indoor Percussion Handbook

_____ I understand that I must behave like a responsible young adult. I understand that I must refrain from vaping, smoking, drinking, using illicit drugs and other irresponsible behavior.

_____ I am dedicated to work with every member of the group and I will strive to achieve Excellence in practice, rehearsals and performance.

The undersigned, parents/legal guardians of _____ do hereby grant their permission and consent that their child may participate and travel with the EHS Indoor Percussion ensemble of the Edison High School including all rehearsals, performances, day trips, overnight trips, or other events.

The undersigned understand that Michael O'Leary and other Percussion Staff, hereinafter referred to as directors for Edison High School Indoor Percussion, will be the directors for the said events.

The undersigned are fully aware that it is possible that their child may be injured or suffer from illness while participating in an event under the direction of the director(s); however, in consideration of the Edison High School Indoor Percussion accepting the aforesaid child as a participant in said events, the undersigned does voluntarily assume all risks of injuries and illness and assumes all responsibility and liability for and agrees to provide appropriate accident insurance for such child if deemed necessary. Further, the undersigned hereby holds harmless and releases the said director(s), from any claim, liability, or demand of any kind or nature, whatsoever, sustained by the aforesaid child of these undersigned parents/guardian related to such child participating in the event and/or program.

Further, the undersigned, for themselves, their heirs, successors, administrators, and assigns for the consideration stated above, do hereby expressly covenant and agree with Edison High School, Edison Public Schools Board of Education, and director(s), their successors and assigns (the "Indemnified Parties"), that the undersigned will fully indemnify the Indemnified Parties and hold them harmless against any loss or damage by reason of any claims, demands, or actions at law which may be at any time hereafter brought against them, their officers, and employees, by the aforesaid child of the undersigned parties, or by them as parents/legal guardians, or by any patron or persons whomsoever, in any capacity whatsoever, with the intent or for the purpose of establishing or enforcing any claim for damages or injuries or illnesses sustained by the said minor child of the parties while participating in the Edison High School events/trips as described above.

This contract is due December 6th, with the first payment of \$50.00. By submitting this contract, I hereby obligate my student to **ALL** rehearsals, performances, and related activities associated with the Edison High School Indoor Percussion including after school rehearsals, winter camp, and all other rehearsals and competitions.

I further commit my Student and/or myself to pay the total Fair Share Amount of \$200.00 when due. Payments are due as follows:

- \$50 December 6th, 2024
- \$50 January 4th, 2025
- \$50 February 1st, 2025
- \$50 March 1st, 2025

TOTAL AMOUNT: \$200

**Please sign and complete this contract by
December 6th and hand in the first deposit of
\$50.**

Student Name (please print): _____

Student Signature & Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature & Date: _____

Be sure to turn in ALL 5 pages of this document.

Edison High School Indoor Percussion – Contact, Emergency & Medical Information

PRINT neatly. Items with a * are required

Student Name* _____ Grade _____

Instrument/Section* _____

Student Email* _____

Parent/Guardian 1 Name* _____

Email Address* _____

Home Phone* _____ Cell Phone _____ Work Phone _____

Parent/Guardian 2 Name _____

Email Address _____ Home

Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact 1 Name* _____ **Relationship*** _____

Phone # 1* _____ Phone # 2 _____

Emergency Contact 2 Name _____ **Relationship** _____

Phone # 1* _____ Phone # 2 _____

Medical Information

List student's **medical conditions, treatments, or allergies** (*bee or food allergies, diabetes, etc*):

List any **prescribed medications** the student needs to take during practices or events:

Check the **OTC medications** that the student has permission to receive from Mr. O'Leary if needed/requested:

Tylenol Ibuprofen/Advil Benadryl Pepto-Bismol Other: _____
 Any of the above Do not give any OTC medications to student

I understand that in an emergency situation, the director and/or chaperones will use their best judgment before a parent/guardian can be reached. If any of this information changes I will notify the director as soon as possible.

Parent/Guardian signature: _____ **Date:** _____