
(Last Name)

(First Name)

(Phone Number)

Alexander High School Show Choir
Absentee/Tardy Policy

After **1** *unexcused* absence or **2** *unexcused* tardies, the cast/company member must go in front of the staff to explain their reasons for their absence or tardies. The staff will then vote by secret ballot to see if the individual will remain on the cast or company. The directorial staff will have final discretion.

Attendance at Dress Rehearsal is Mandatory.
You will not be able to perform if you do not attend.

Please list below any rehearsal dates you are going to miss:

*(Any dates not listed on this form must be presented to the director(s) in writing **TWO WEEKS** in advance)*

Date	Function/Excuse
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

It is the responsibility of the cast/company member to:

- 1.) Make up any choreography and/or vocal assignments that are missed, regardless of excuse, before the next rehearsal.
- 2.) Attend rehearsals on time and in their entirety.
- 3.) Have punctual transportation to and from rehearsals and performances.
- 4.) Purchase, care for, and wear all costumes to all performances.
- 5.) Follow proper dress code for rehearsals and performances.

I, _____ have read and understand the Spring Musical Absentee/Tardy Policy. I promise to abide by the rules of this policy and understand that all final decisions are made at the discretion of the director(s).

(Student Signature)

(Parent Signature)

Excused absences include:

- ❖ Illness (must have a written note from doctor or parent)
- ❖ Death in the family
- ❖ School related activities (Even though these absences may be excused, Ms. Killian still needs to know in advance that you will be absent.)

Alexander High School Performing Arts

6500 Alexander Parkway
Douglasville, GA 30135
Phone - 770- 651-6057
www.musicofahs.com

Peggy Killian and Andy Daniel - Directors

ALEXANDER HIGH SCHOOL PERFORMING ARTS MEDICAL INFORMATION FORM

Please complete both sides of form

Student's Name _____ Home Phone _____

Address _____

City _____ State _____ Zip Code _____

Mother's Name: _____ Bus. Phone _____ Cell _____

Father's Name: _____ Bus. Phone _____ Cell _____

PLEASE LIST ANY MEDICATION TAKEN REGULARLY:

LIST ANY ALLERGIES:

LIST ANY MEDICAL PROBLEMS OF WHICH WE SHOULD BE AWARE:

DOUGLAS COUNTY SCHOOL SYSTEM ~ RELEASE / EMERGENCY MEDICAL FORM

PLEASE READ CAREFULLY

EMERGENCY MEDICAL AUTHORIZATION

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

Mother's Name: _____ **Bus. Phone:** _____ **Father's Name:** _____ **Bus. Phone:** _____

Family Physician: _____ **Phone:** _____ **Dentist:** _____ **Phone:** _____

Insurance Company: _____ **Policy #** _____ **Group #** _____

WHOM CAN WE CONTACT IF NO PARENT/GUARDIAN CAN BE REACHED TO ASSUME RESPONSIBILITY FOR THIS STUDENT?

Name: _____ **Phone:** _____

Activities Agreement

To insure the proper atmosphere for interscholastic competition, the participant and his/her parents or guardians must understand and cooperate in helping establish that atmosphere by adhering to all school rules and regulations. When a violation of school rules occurs proper steps will be taken. A participant may be suspended from participating in interscholastic activities or from a team for violating any of the following standards: (1) falsification of physician's signature, parent or guardian's signature, any information pertaining to school enrollment, school records, or interscholastic activity forms; (2) use of, possession of, or distribution of alcohol or tobacco; misuse of non-prescription drugs, or of controlled substances; (3) theft or destruction to property of any school or individual; (4) repeated acts of unsportsmanlike conduct; (5) failure to follow rules as set for individual activities by coaches.

A student must have his/her parent's or guardian's signed permission to participate. All athletic participation requires a physical examination with the doctor's permission to participate. The participant is required to abide by the rules and regulations of the State Board of Education, the Douglas County Board of Education, and the Georgia High School Association.

Informed Consent

We realize that such activities involve the potential for injury to our son or daughter which is inherent in all activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries to our son/daughter are still a possibility. We recognize that on rare occasions these injuries to our son/daughter can be so severe as to result in total disability, paralysis or even death.

Drug Testing Consent (High School Only)

We understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. We further understand that refusal to take the test, failure to report for the test, or if the test establishes a violation of the drug testing policy, our son/daughter will be subject to consequences as set forth by the drug testing policy (JCDAB-R (1)).

General Release

It is anticipated that my son/daughter, while a participant in interscholastic activities in the Douglas County School System, will travel to many activities off campus. Transportation for my child to these off campus activities may be school buses, private vehicles, or alternate transportation operated by employees or agents of the School System. In consideration of their performing this valuable service for me and my child, I hereby release and discharge any and all claims and causes of action of any kind or nature which may arise out of my child's travel while at school both for myself and my minor child. It is the express intent of this release to forever hold the Douglas County School System, its agents and employees, harmless for any injuries which may occur to my child as a result of travel while he or she is in the custody of the School System.

Insurance Waiver

I fully understand that the Douglas County School System does not provide any insurance and it is my responsibility to provide insurance coverage for my son/daughter. The Douglas County School System will not assume liability for injuries incurred by my son/daughter during participation in or practice of any interscholastic activity.

A parent/guardian may elect to enroll the participant in a supplemental school insurance program which is authorized by the Douglas County School System. If you choose to purchase coverage through this plan, contact the school principal or head coach for additional information.

Authorization:

In case of an emergency or accident during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I authorize the school to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise.

I assume the responsibility for any medical expenses incurred during this emergency. The coach, school, or the Douglas County School System will not be held responsible for any medical expenses.

Permission to Participate:

I have carefully read and understand each of the above section and will comply with these policies or statement.

Permission is granted to my son/daughter to practice and complete in interscholastic activities.

Parent/Guardian Signature _____ Date: __/__/__	Student Signature _____ Date: __/__/__
Mo. Day Year	Mo. Day Year

**DOUGLAS COUNTY SCHOOL SYSTEM
CODE OF CONDUCT CONTRACT/VIOLATIONS/CONSEQUENCES
FOR ATHLETIC PARTICIPATION**

Participation in athletic activities is a privilege in schools and not a property right. It is understood by all students, parents, and coaches that the top priority is academic progress. Everyone involved in these activities will make every effort not to interfere with that ultimate goal. The purpose of the Code of Conduct is to establish a minimum standard of behavior. Therefore, **coaches may establish rules and consequences that are more severe than the stated code**. Team rules must be in writing and approved by the administration of each school.

CODE OF CONDUCT VIOLATIONS/CONSEQUENCES

- A. VIOLATION- Assigned to Alternative School/Long Term suspension
CONSEQUENCES- Dismissed from Athletics for one calendar year with the right to appeal to the local school review committee upon return to school.
- B. VIOLATION- Arrest for Felony: (Regardless of location or time of the alleged act; in- or out-of- school.)
CONSEQUENCES
1. The student will be immediately suspended from all participation until the investigation is completed.
2. Upon conviction the student will be suspended for a minimum of one calendar year.
- For Violations C, D, E, and F, a school administrator must have valid evidence and/or written admission to the violation by the student/athlete. If this offense occurs on school property, the student will be subject to the actions of the Douglas County School System Discipline Code.
- C. VIOLATION- Alcohol/Drugs or any Misdemeanor (Non-Felony) - (off/on Campus) (in/out of season)
CONSEQUENCES- The coach will meet with the student and parents.
1st Offense- four (4) week suspension from any athletic activity. (20 school days)
* If not in season, it will be the next sport the student participates in after making the team.
2nd Offense- one (1) year suspension from all athletic activities with the right to appeal to the local review committee.
- D. VIOLATION- Tobacco (any type)-In season
CONSEQUENCES-
1ST Offense- Minimum of one (1) game suspension.
2nd Offense- Dismissed from the team but allowed to try out for subsequent athletic activities after that sport has completed its season.
3rd Offense- One (1) year suspension fro all athletic activities with the right to appeal to the local school review committee.
- E. VIOLATION- Violations of High School rules will result in: (In season)*
CONSEQUENCES- Student/Athletes may resume participation when:
(1) All assignments are completed and released from ISS and/or
(2) The student returns to school on the next school day upon completion of Out-of-School Suspension
1st Offense- ISS/Out-of-School Suspension (Short Term)
Minimum of one (1) game suspension.
2nd Offense- Minimum of two (2) game suspensions.
3rd Offense- Dismissed from team but allowed to try out for subsequent athletic activities after that sport has completed its season.
4th Offense- One (1) year suspension from all athletic activities with the right to appeal to the local school review committee.
- F. VIOLATION- Middle School-Violations of Douglas County school rules will be dealt with according to
CONSEQUENCES- Policy JDD-R/JDE-R
During the time students are assigned to In-School Suspension or suspended out-of-school they will not be allowed to participate in extra-curricular activities or assemblies.

NOTE: The review committee should be made up of: a) Douglas County Director of Athletics, b) Douglas County Director of General Administration, c) Douglas County Director of High or Middle School.

APPEAL PROCEDURE: Any student wishing to appeal an athletic suspension must submit in writing to the County Athletic Director the reason(s) why their rule infraction(s) should not be disciplined as outlined. This request will then be forwarded to the members of the review committee for their consideration. Parents will be given a written statement on the decision of the committee.

Student's Signature _____

Parent's Signature _____

DOUGLAS COUNTY SCHOOL SYSTEM

Consent to Participation – Student Drug Testing

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. I further understand that if I refuse to take the test, fail to report for the test, or if the test establishes a violation of the drug testing policy, I will be subject to consequences as set forth by the drug testing policy.

By signing and dating this form, I consent to take an initial drug test, if required, and be randomly tested throughout the school year. The initial drug test, when required, is to be completed prior to the start of the privileged activity. The random testing will be done monthly throughout the school year. The selection process for random drug testing will be performed by the contracting body with the participating students being notified on the day they are to report for testing.

I hereby consent to the administration of drug tests and to the conditions listed in this consent and the accompanying general prohibitions and procedures as outlined in Policy JCDAB-R/JCDAC-R, JCDAB-R(1) of the Douglas County School System Policy Manual.

I understand that unless my parent or guardian contacts the Drug Testing Administrator after the first year, and makes a formal request to remove my name and student ID number from the testing pool, my name will automatically be reentered into the testing pool each year.

Participating Student's Name: _____

Date: _____ **Signature:** _____

Parent/Guardian's Name: _____

Date: _____ **Signature:** _____

Alexander High School
Performing Arts Department

6500 Alexander Parkway
Douglasville, GA 30135
Phone - 770-651-6152
770-651-6057
Email - musicofahs@aol.com
Website – www.musicofahs.com

Andy Daniel and Peggy Killian– Directors

Photography/Videography Permission Form

Permission is granted for my child _____ to be photographed and videotaped for use as deemed necessary by the directors of the Alexander High School Performing Arts Department.

Parent Name (Printed)

Parent Signature