

Dear Students and Parents/Guardians:

First of all, thank you for your continued support of the choirs at Seymour High School. Each student received a schedule of the year's choir events when it was handed out in August which should have made its way home.

The IMEA All-State Honor Choir Auditions is a vocal event for high school age students. For this event, these young musicians meet at a certain high school to audition in front of judges. Each musician is then given a score. The highest-performing students then advance to the Indiana All-State Honor Choir. The Indiana All-State Honor Choir then performs at the IMEA Conference in January in Fort Wayne. Each student is to prepare for sight-reading as well as the piece "Awake the Harp" by Haydn. These judges will be professional musicians and music educators from all over the state.

Please take a moment and review the details of this event. This event is **optional** for all choir students. However, successfully auditioning for and participating in the All-State Honor Choir satisfies the Performance Project requirement for Varsity Chorale, Sirenas, and Owl Tones. If a student makes the IASHC, they must participate in the conference in January. There will also be rehearsals in the fall.

Event Details

Who: Any interested student in the SHS Choirs

Event: Indiana All-State Honor Choir Auditions

Location: East Central High School in St. Leon, IN

Date: Tuesday, September 17, 2019 (Flex date of Sept. 20)

Time: Leave SHS at 2pm. Arrive back at approximately 7pm.

Transportation: SCSC School Bus

Food: We will stop in Greensburg, IN for fast food after the auditions.

Cost: \$15 per person audition fee and money for dinner.

Please make checks payable to SHS Choirs. Money collected by SHS cannot be refunded.

Attire: Please dress professionally.

Sincerely,

Kyle R. Karum
karumk@scsc.k12.in.us
(812) 522-4384 ext. 1160

Special Permit for Out-of-School Trip

Class or Group SHS Choirs

Date(s) of Trip Sept. 17 or 20 Destination East Central H.S.

Teacher(s) in Charge Kyle Karum

1. I, the parent of _____, understand the conditions under which my son/daughter expects to go on an out-of-school trip.
2. I desire that the school permit my son/daughter to go on the field trip.
3. By granting this request, I will not hold the school responsible in the event my child is involved in an accident.

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____ Date _____

The following information is requested:

I give permission for medical personnel to administer treatment to:

Student's Name _____

Signature of Parent/Guardian _____

Printed Name of Parent or Guardian _____ Date _____

Contact information of Parent/Guardian:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____

Emergency Contact information, if Parent/Guardian cannot be reached:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____

Important Information:

Allergies _____

Medications _____

Medications administered during field trip by:

None Teacher Student Administration Time _____

This form must be fully completed, signed, and returned or the student will not be allowed to participate in the field trip.

2020 ALL-STATE HONOR CHOIR AUDITION APPLICATION
ONLY SCHOOL/BOOSTER CHECKS ACCEPTED

STUDENT NAME _____

Circle Vocal Part: S-I S-II A-I A-II T-I T-II B-I B-II

High School _____

High School Address _____

City _____ ZIP _____

Student Email: _____

Choir Director's Name Kyle Karun _____

Director's Phone (812) 522-4384 Email: Karunk@scgc.k12.in.us

School Phone () _____

I understand I must be present at the first fall rehearsal and bring all forms/fees. Students must attend four (4) rehearsals. However, a student may be excused from one rehearsal with the approval of the area chair. The **\$175** participation fee is due at the first rehearsal ***and is non-refundable for whatever reason.*** If accepted, I agree to the Rules and Responsibilities of the All-State Honor Choir. All-State is January 17-18, 2020.

Student Signature _____

Parent Signature _____

AUDITION FEES:

- **Make checks payable to ICDA. Only school/ booster checks will be accepted.**
- School fee - \$30.00 per school
- Student audition fee - \$15.00 per auditioning student

ALL-STATE HONOR CHOIR DIRECTOR'S RECOMMENDATION

I recommend the above student and approve his/her participation in the Indiana All-State Honor Choir. I understand that I will be expected to attend at least one of the fall area rehearsals to assist with the preparation of the music, and that **I must be a current member of ACDA/ICDA [throughout the All-State process from the time of auditions through the performance].**

ACDA/ICDA Membership # (from *ACDA Membership Card*) _____

Expiration date _____

DIRECTOR'S SIGNATURE _____

Indiana Choral Directors Association
All-State Honor Choir

Medical Release Form

This form is to be completed by the parent/legal guardian of the participant. Thank you for printing clearly.

Participant's Name _____ Age _____

Participant's Birth Date _____

Address _____ City _____ Zip _____

Dietary Allergies/Restrictions/Requests (gluten, dairy, vegetarian, vegan, etc.)

Comments: allergies, daily medications (over the counter and prescription – include dosage directions):

Parent/Legal Guardian's Name _____ Phone # H (____) _____

W# (____) _____ Cell Phone # (____) _____

Address (if different than above) _____

Physician's Name _____ Physician's Phone # (____) _____

Name of Insurance Company _____

Group or Policy Number _____

In case of emergency, please list the name and phone number of those people who should be contacted, in the order in which they should be contacted.

1. _____

2. _____

3. _____

_____ has my permission to receive medical attention in the event of illness or medical emergency while participating in the ICDA All-State Honor Choir weekend. I will assume financial responsibility for any cost of health care for my child that may occur while participating in the ICDA All-State Honor Choir (rehearsals, performances, and the overnight stay).

Date

Parent/Legal Guardian Signature

All-State Honor Choir Rules and Responsibilities

ICDA Policies:

- I must be a member of my school choir for the entire school year.
- I will attend the first rehearsal, pay my \$175 participation fee, and submit all required forms at the first rehearsal.
- I understand that attendance at the first rehearsal is a necessity.
- I will attend four area rehearsals; however, I can miss one rehearsal without penalty with a valid excuse. I will contact the area chair if I am to be absent. I may attend another area's rehearsal if needed.
- I understand that the validity of the excuse for an absence will be evaluated by the area chair, and the chair will decide how to proceed.
- I understand that it is my responsibility to master the music and that I will need to devote additional time to preparing the music beyond the area rehearsals. I may utilize the rehearsal files found on the website.
- I understand that if I cannot participate in ASHC for whatever reason (including inclement weather), there are no refunds.
- I will notify the area chair immediately if circumstances prevent me from participating in the choir.
- All-state honor choir information can be found at www.in-acda.org.

All-State Weekend Responsibilities:

- I will provide my own transportation to and from the All-State site.
- I will have a black folder and a pencil at every rehearsal with my measures numbered.
- I will be on time.
- I will abide by my school's dress code.
- I will provide my own choir robe to wear during the concert.
- I will attend 100% of the Fort Wayne rehearsals.
- I will behave in a manner that befits the honor of participating in the choir and will treat others with respect.
- I will observe the 11:00 p.m. lights out rule.
- I will observe any additional rules that are presented to me when I arrive in Fort Wayne.

Rules for the Hotel:

- Students who do not follow the hotel rules will be sent home at their parent's expense.
- Students who have been sent home are not eligible for future events.
- Students will not participate in illegal activities including drinking alcohol, smoking, vaping or using drugs.
- Boys are not allowed to enter any girls' room and girls are not allowed to enter any boys' room.
- Socializing should be done quietly and respectfully in the public areas of the hotel.
- Students will be in their rooms at 10:30 p.m. and chaperones will check for lights out at 11:00 p.m.
- Do not leave the room after lights out.
- Do not request any services which would add a room charge.

I understand and will abide by the ICDA All State Honor Choir rules and responsibilities. If I fail to follow the rules I will be sent home at my guardian's expense.

Student Name

Date

School

I understand the ICDA All State Honor Choir rules and responsibilities. If my child fails to follow the rules, he/she will be sent home at my expense.

Parent Name

Date

REQUEST FOR FINANCIAL AID SCHOLARSHIP
FOR ALL-STATE CHOIR

(20 partial scholarships of \$85 will be awarded)

Deadline October 11, 2019

This form cannot be considered if it is not completely filled out.

Please send to Brian Adcock

Name of Student _____

Name of School _____

School Address _____

School Phone () _____

Home Phone of Student () _____

County in which your school is located _____

Choir Teacher _____

Parent's Name _____

Home Address _____

Do you receive free/reduced lunch? Yes ___ No ___

Number of Household Members _____

Yearly Income \$ _____

Reason for Request: _____

Parent/Guardian Signature _____

Teacher Comments: _____

(use the back if necessary)

PLEASE COMPLETE AND RETURN THIS FORM TO:

Brian Adcock
Castle High School
3344 Highway 261
Newburgh, IN 47630
Fax: 812.853.9886
badcock@warrick.k12.in.us

Chaperone Information

- Chaperones are needed to assist the leadership in supervising students during the two-day event.
- Directors and choir parents are welcome to apply to be a chaperone by filling out a reservation form.
- There is no charge for the room for chaperones that share a room with another chaperone.
- Chaperones who desire a private room must cover half of the cost of the room and send a check for \$65.
- Payment for a single room **must** accompany the application.
- Reservation forms must be postmarked by Nov 15.
- Area Chairs have first priority when the chaperones are selected.
- Chaperones may eat on their own or pay \$30 to eat with the choir at the hotel (4 meals-lunch and dinner on Friday, breakfast and lunch on Saturday).
- Chaperones MUST supply a limited criminal history report with this application. You may go to www.in.gov to get the application or some schools will assist you in getting one. Check with your school corporation superintendent's office. It takes 4-6 weeks to get the report back.

Duties, Responsibilities and Student Rules

1. Wear identification badge at all times.
2. Attend a Friday morning chaperone meeting at all-state (location TBA at registration).
3. Assist with selling T-shirts, rehearsal room supervision, lost and found, and concert supervision.
4. Assist with hotel check-in and supervise evening activities (chaperone room keys will be given as soon as the rooms are available Friday).
5. Assist with the cleanup of lost student property after the concert.
6. Supervise the students in the hotel:
 - Chaperones will be assigned to do a room check at the appointed time for lights out.
 - Each chaperone will assist in supervision of the students during breaks, meals, and Friday night free time.
 - Chaperones will wake students in the morning at the appointed time and keep checking to see that they are getting ready to vacate their rooms with all their belongings.
 - Hallways are monitored all night by an ICDA hired security guard.
7. Inform students of the rules that were discussed at the chaperone meeting, in addition to the rules below:
 - Students who do not follow the hotel rules may be sent home at their parent's expense.
 - Students who have been sent home are not eligible for future events.
 - Students will not participate in illegal activities including drinking alcohol, smoking or using drugs.
 - Boys are not allowed to enter any girls' room and girls are not allowed to enter any boys' room.
 - Socializing should be done in the public areas of the hotel.
 - Do not socialize in the hallways out of consideration for other guests.
 - Students will be in their rooms at 10:30 p.m. and chaperones will check for lights out at 11:00 p.m.
 - Absolutely no leaving the rooms after lights out—chaperones will put a small piece of tape on the doors to ensure every student's security. (No unauthorized entry)
 - No room service. No pay TV. Do not request any services.

Chaperone Reservation

- This reservation is for FRIDAY NIGHT ONLY
- Reservations must be postmarked by November 15 and will be approved on a first-come, first-served basis
- This application can be used for more than one person if you would like to share a room with the other person listed (please include their name on lower half); husband and wife teams count as double occupancy (no extra charge) but both people must do full chaperone duty.
- If only one spouse is chaperoning and the other is staying in the room, you will owe the \$65 fee for half the cost of the room—please note this on the comment line.
- Chaperones will be notified if all the spaces have already been filled, and if so, checks will be returned
- Please email Supervision Coordinator, Chuck Bradley with any questions. chuckbradley@psci.net

Name of Area Chair _____

Circle Area: 1A 1B 2A 2B 3A 3B 4A 4B
Ask director for area 5A 5B 6A 6B 7A 7B 8A 8B

Room Request:

Name of Chaperone

Circle one: MALE FEMALE

Street Address

Home Phone

Work Phone

City/State/Zip Code

Cell Phone

E-mail

Check one: _____ Single Room (\$65 charge) _____ Share Room, Double Occupancy

Comments: _____

Room Request:

Name of Chaperone

Circle one: MALE FEMALE

Street Address

Home Phone

Work Phone

City/State/Zip Code

Cell Phone

E-mail

Check one: _____ Single Room (\$65 charge) _____ Share Room, Double Occupancy

Comments: _____

Make checks payable to ICDA and mail this application to:

Chuck Bradley
622 Meadowlark Lane
Ferdinand IN 47532