



THE DR. G.W. WILLIAMS SECONDARY SCHOOL

39 Dunning Avenue Tel: 905-727-3131
Aurora, Ontario Fax: 905-727-8067
L4G 1A2

Dear Music Parents,

Our Music Department participates in various Musical functions. These functions include: Festivals, Trips, Elementary School Performances, Symphony Performances, Musical Theatre Performances, as well as some outings that may not have been planned at this point in time.

We would like to reduce the excessive number of forms going home to parents, by sending home this form to obtain the following information:

- Permission to attend all departmental functions held throughout the year
- Image Release Permission
- Emergency Contact Information
- Medical Information
- Code of Conduct

Should you have any questions or concerns, please feel free to contact us at the school @ 905-727-3131 ext 167.

Sincerely,

The Music Department of Dr. G.W. Williams Secondary School



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This Form is to be filled out completely, signed and returned to the Dr. G.W. Williams Secondary School Music Department, before the Student Participant is allowed to participate in any program or activities of the Dr. G.W. Williams Secondary School Music Department (DGWWMD)

Student Name: _____ Homeroom: _____

Teacher: _____

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The parent/guardian of _____ hereby gives permission for:
(Please tick off each one that applies)

Permission to attend all departmental functions held throughout the year

- Participation in any functions related to membership in any of the DGWWMD such as , Trips, Elementary School Performances, Symphony Performances, Musical Theatre Performances, as well as some outings that may not have been planned at this point in time.
- The parent/legal guardian and participant acknowledge that there is an element of risk involved in any activity or program and certify that the participant is physically, mentally, and emotionally capable of attending and participating in the activities and programs; assumes all risk of and financial responsibility for any loss or injury to the participant or other that may occur as a result of the participant's negligence or misconduct; indemnifies and holds DGWWMD and all its agents harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by DGWWMD as a result of, or arising out of, the participant's negligence or misconduct.

Image Release

- I consent for my child to be photographed, filmed, videotaped or audio-taped by an employee or representative of DGWWMD. I give DGWWMD permission to use the above mentioned student's name and likeness to publicize the DGWWMD in promotional materials and on the website without compensation.
- I authorize DGWWMD to use, reuse, publish or republish in any medium, for any purpose, at any time, this photograph, film videotape or audiotape, and to use my name in conjunction with them at its sole discretion.
- I understand this consent cannot be revoked, and I release DGWWMD, its employees, and/or agents from any claims or lawsuits, arising out of the use of my photograph, films, videotapes or audiotapes or the use of my name.



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Emergency Contact Information

Name	Relationship
Address:	Telephone #
	Home: Bus: Cel:
City, Postal Code	Email address:

Medical Information

The parent/legal guardian and participant authorize DGWWMD or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the participant, in the event of the participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;

Prescription medication(s) student is taking:	Allergies to medication (such as penicillin):
Ontario Health Card #	Family Doctor Name and Telephone:

I certify that my son/daughter has:

- subscribed to the Student Accident Insurance (Available from the York Region Board of Education)
 Yes No
 insurance coverage under a private policy
 Yes No

Insurer: _____ Policy # _____



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Code of Conduct:

- Each Student must notify all of his/her teachers two days before the trip of their absence.
- It is the Students responsibility to complete all work missed in other classes as a result of the trip.
- If the student commits to and pays for a field trip and does not attend, money for the trip is not refundable.

The parent/guardian and student do hereby accept and agree to the responsibilities related to the following statement of prohibited activities :

- A student will not by any conduct, act, force or threat deprive another person of the exercise of personal rights and responsibilities , nor engage in any conduct which causes disruption of any lawful mission, process or function of any DGWWMD sponsored program or activity.
- A student will not intentionally cause or attempt to cause damage to any DGWWMD property or private property or steal or attempt to steal any DGWWMD property, or private property. If a student causes willful damage to any above-described property, then the DGWWMD will seek restitution from the student and parent/guardian.
- A student will not intentionally cause or attempt to cause physical injury to any person or behave in such a way as could reasonably cause physical injury to another person or themselves.
- A student will not possess, handle or transmit any object that could reasonably be considered a weapon.
- A student will not possess, use, sell, distribute, transmit or be under the influence of any substance capable of producing a change in behavior or altering a state of mind or feeling, including and without limitation, any alcoholic beverage or any item collectively referred to as a "controlled substance". Use of any medication authorized by a written medical prescription from a registered physician, and in accordance with professional instructions, will not be considered a violation of this rule. Students taking medication should inform the appropriate DGWWMD Conductor, staff member and/or chaperone.
- Any violation of any applicable local, provincial or federal laws, or any DGWWMD rules or policies now or hereafter adopted by the Board or Education the Parent/Guardian and Student understand and agree that if the DGWWMD Teachers, or Program Chaperone determines that the student has engaged in any prohibited activities during any DGWWMD programs, sponsored programs, or activity the following will apply:
 - THE STUDENT WILL BE SENT HOME AT THE EXPENSE OF THE PARENT/GUARDIAN;
 - THE PARENT/GUARDIAN WILL BE FINANCIALLY RESPONSIBLE FOR ANY DAMAGES OR EXPENSES THAT MAY RESULT FROM THE STUDENT ENGAGING IN ANY PROHIBITED ACTIVITY; AND
 - THE STUDENT WILL BE DISMISSED AS A PARTICIPANT IN ANY PROGRAMS OR ACTIVITIES OF THE AYS PROGRAM.

I have read the above and agree, as the party legally responsible for the above-named student, to all of the statements and terms set forth

Signature of Parent/Guardian:	Date:
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