



**2021 – 2022 REGISTRATION CONTRIBUTION FORM
FOR
INSTRUMENTAL MUSIC DEPARTMENT**

INSTRUCTIONS:

Print out and complete this form for each Irvine High Music student.

Mail this form along with payment to the VIMB Registrar by Friday, September 10, 2021.

VIMB
c/o Bernice MacVicar
37 Ohio
Irvine, CA 92606

STUDENT'S NAME: _____

INSTRUMENTAL MUSIC CLASS:

Check one

BAND	ORCHESTRA	OTHER
<i>Concert</i>	<i>Concert</i>	<i>Percussion Ensemble</i>
<i>Symphonic</i>	<i>Symphonic</i>	<i>Guitar</i>
<i>Wind Symphony</i>	<i>Philharmonic</i>	<i>Piano</i>


Is the student enrolled in Marching Band?

- Yes
 No

CONTRIBUTION

- I have attached a check made out to VIMB in the amount of \$ _____.
- I have made an online donation of \$ _____.
- I am unable to donate at this time

Cash Only Donations: If you would like to make a cash donation, please email the registrar, Bernice MacVicar, at lhs.vimb@gmail.com to arrange a time to meet and be provided a receipt for your donation.

IRVINE UNIFIED SCHOOL DISTRICT 
EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION — MINOR
(Education Code Section 35330)

Parent: _____ Irvine High School

I hereby give my permission for my child, _____, to participate in all of **Irvine High School Instrumental Music Field Trips and Activities for the year 2021/2022.**

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parents' expense.

I, the undersigned, hereby release and discharge the Irvine Unified School District, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Signature of Parent or Guardian

Signature of Student

Address

Date

Phone Number

Health Insurance Company Policy Number

In the event of illness or accident and if different from above, please contact:

Name Address Phone

SPECIAL NOTE TO PARENTS/GUARDIANS:

(1) All drugs must be registered on this form; (2) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) check here if there are NO special problems that the staff should be aware of and NO drugs are required on the trip; (4) if any medication or drugs are to be taken by student, list them here:

Name of drug and reason: _____

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.