

INSTRUMENTAL MUSIC D11 Talent in Pikes Peak (TIPP) Information

Who: This experience is for students who want to be recognized for their exceptional ability in their artistic discipline. You will perform for a panel of performing and visual arts professionals.

Why: The D11 TIPP Day will allow you to demonstrate your creativity and develop your presentation skills in your talent area.

When: **February 27, 2025** **8:30-3:30**
Please arrive no later than 8:15 am

Where: Colorado Springs Youth Symphony, 3113 Primrose Dr, Colorado Springs, CO, 80903

What: On the day of the field trip, you will:

- **Perform prepared pieces**
- Complete a **creative task**
- Engage in an **interview** with professional artists
- Attend and participate in **master classes**

How: D11 seeks referrals for testing from a variety of sources. Referrals can be made by classroom teachers, counselors, parents or guardians, coaches, the student, or anyone with knowledge of the student’s potential.

Student To-Do List:

Talk to the Gifted Resource/Content Teacher about TIPP	BEGIN: December 9, 2024
Turn in the signed permission slip	DUE: January 21, 2025
Prepare performance pieces	BEGIN: January 7, 2025
Develop your Artist Statement with your content teacher	BEGIN: January 27, 2025
Practice your interview with your Gifted Resource or content teacher.	BEGIN: January 27, 2025
Perform your pieces for your content teacher for final approval	DUE: February 3, 2025
Pack your: sack lunch, snacks, water bottle, artist statement, sheet music	ON: February 25, 2025

During the adjudication session, you will:

1. **Perform a prepared** Individual/solo
 - **Perform two pieces (prepared ahead of time)** that demonstrate contrasting styles, genre, tempo; 2-4 minutes in length.
 - Choose two pieces/excerpts that showcase your best. Your work should exemplify originality, technical skill, and an emergence of a personal vision or voice, and should be 2-4 minutes long.
 - Bring original sheet music for the adjudicators.
2. Complete an **improvised task** provided by the panel during the session. Students only need to come prepared with knowing how to play the melody “Twinkle Twinkle Little Star” for this task.
3. Engage in an **interview** with the panel where you will be asked a series of questions. You will give your

Artist Statement to the adjudicators. Consider reflecting on your Artist Statement and what you want the panel to know about you and your artistry.

INSTRUMENTAL MUSIC Talent in Pikes Peak (TIPP) Field Trip Permission Form
Turn in to your Gifted Resource Teacher BY: Wednesday, January 22, 2024

Instrumental Music Event: February 27, 2024 8:30 am - 3:30 pm
Please arrive no later than 8:15 am

Location: Colorado Springs Youth Symphony, 3113 Primrose Dr, Colorado Springs, CO, 80903
Parents/Guardians, please arrange to drop off/pick up your student

Students *Please initial* your agreement to the behavior expectations.

___ I understand that the purpose of this event is to provide me the opportunity to participate in a unique opportunity for my content area. I will behave with respect for my space and those around me. I will take direction from any of the adults associated with this event. I understand that if my behavior does not meet expectations, I may be removed from the event.

Parents/Guardians *Please initial* all that apply:

_____ I understand the purpose of this event is to provide my child the opportunity to participate in a performance assessment adjudicated by experts in my student's talent area. Evidence collected during the evaluation will be used by District 11 for the Gifted Identification process. I understand the school/district will provide my student with the specific performance assessment expectations and parents, teachers or coaches may not view the confidential assessment process. I have notified the chaperone at the school if my student has a health plan that will require the attendance of a health aide or any additional accommodations.

___ I understand that I am responsible **for my student's transportation to and from the event.**

___ I understand that I may need to pick up my student if disruptive behavior impacts the event.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Emergency Contact Name/Relation (please print)

Emergency Contact #

COLORADO SPRINGS SCHOOL DISTRICT 11 FIELD TRIP PERMISSION FORM

School and Address 1115 N. El Paso Street Colorado Springs, CO 80903

I, (print name) _____ am the custodial parent and/or legal guardian of:

(print name of student) _____

I give my permission for the student to participate in the following activity:
D11 Talent in Pikes Peak field trip: Students will engage in adjudication, performances and master classes. Students will engage in a warm-up activity, have the opportunity to be adjudicated for identification of giftedness in their area of the Arts.

Is participation in the activity mandatory?

I acknowledge that the student's participation in the activity is a privilege and is completely voluntary.

What about insurance?

I understand that Colorado Springs School District 11 (the District) is not responsible for insuring me or the student with regard to the student's participation in the activity or any fundraising event associated with the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate.

Is the District responsible for damages or injuries that may occur during the activity?

I understand that the District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the field trip activity or any fundraising event associated with the activity. The District and its employees have not waived these protections and immunities.

By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless Colorado Springs School District 11 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or relate to property which is not owned by the District 11. I understand that for purposes of this form, the term "employees" includes School District 11 directors, employees, servants, and volunteers.

Out of Country Field Trips

I understand that any field trip involving air travel or any type of travel outside of the continental United States could have additional risks and safety considerations. The current geo-political climate as well as cultural and legal differences in other countries may create safety and legal considerations different from those found in traveling in the United States. Evacuation from a foreign country due to an emergency medical condition of the student could be very expensive. The District recommends contacting the U.S. Department of State website for tips on traveling abroad. _____

I acknowledge that I have read and understand this Field Trip Permission Form. (Read carefully before signing)

Date

Street Address

Signature of Custodial Parent/Legal Guardian

City State Zip

Emergency Contact: Name & Phone

Work Phone/Home Phone



Colorado Springs School District 11

Risk Management 520-2398

COLORADO SPRINGS SCHOOL DISTRICT 11 HEALTH INSURANCE AND MEDICAL INFORMATION FORM

Student's Name _____ School _____

Destination _____

Departure Date _____ Arrival Date _____ Return Date _____

Name of Health Insurance Company _____

Policy # _____ Name of Insured (Subscriber) _____

Insurance company's policy for obtaining treatment outside of the area or state.

Does the insurance company require a certain form to be filled out in case of an emergency?

Yes _____ No _____ If yes, please provide the school with a copy of the form prior to departure.

Please attach a copy (Front & Back) of the subscriber identification card on the above policy to this form.

Custodial Parent/Legal Guardian Signature /

Date

MEDICAL INFORMATION

Name of Doctor _____ Phone (Day) _____

Address _____ Emergency Phone _____

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication. ANY MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

List any allergies, medical conditions or other conditions regarding the student's health which the staff might need to know about. _____

Please understand that Colorado Springs School District 11 (the District) personnel cannot, by law, administer or provide any medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you. District personnel will not provide medication of any kind. This includes non-prescription drugs such as Tylenol, cough syrup, antihistamines, antiseptics, etc. Please plan accordingly.