

### VOCAL 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 26, 2025** **8:30 am - 2:50 pm**  
*Please arrive no later than 8:15 am*

**Where:** Colorado Springs Conservatory 415 Sahwatch St, 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 <a href="#">Artist Statement</a> 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, and wear comfortable, school-appropriate clothes to move in	ON: February 26, 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 total.
- Choose two pieces/excerpts that showcase your best. Your work should exemplify originality, technical skill, and an emergence of a personal vision or voice.
- 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 sing 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.

**VOCAL MUSIC D11 Talent in Pikes Peak (TIPP) Field Trip Permission Form**  
**Turn in to your Gifted Resource Teacher BY: Wednesday, January 22, 2024**

**Vocal Event: February 26, 2024 8:30 am - 2:50 pm**  
***Please arrive no later than 8:15 am***

**Location: Colorado Springs Conservatory 415 Sahwatch St, 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 FIELD TRIP PERMISSION 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.**