CMS GUITAR FORMS PACKET

2025-2026

SIGN AND RETURN BY

FRIDAY, SEPTEMBER 5TH

PLEASE READ CAREFULLY

STUDENT NAME: _____

Guitar Parent Form

I have always been fortunate to have parents that offer to help in any way they can. Here are a few ways you can help out throughout the year. Thank you in advance for your support of the choir program. Please check the boxes of any assistance you would like to offer.

_____Chaperoning Off Campus Events (during school hours)

By checking the box, you would like to be added to the chaperone list for Ms. Kilpatrick to call you for chaperoning opportunities that involve your child only during school hours.

_____Chaperoning Off Campus Events (outside school hours)

By checking the box, you would like to be added to the chaperone list for Ms. Kilpatrick to call you for chaperoning opportunities that involve your child only outside school hours.

_____Concert Set Up/Decorations

You would assist in decorating or setting up any concerts. Decoration set up would begin two hours before the concert start time.

_____I am not able to be put on any volunteer or chaperoning lists.

Parent Name: _____

Parent Phone Number: _____

Calhoun Middle School Guitar Permission Slip and Medical Form 2025-2026

My son/daughter, _____, has my permission to travel with the CMS Guitar Program for performances and activities during the 2025-2026 school year.

I, _____, hereby authorize the sponsor, teacher, or adult chaperone to transport my student to the emergency room and/or obtain emergency care as needed.

This student has the following:

Allergies: _____

Medications: _____

Health Concerns (if any): _____

_____

_____

_____

We understand that the Ouachita Parish School Board, the sponsoring organization, or the adult chaperones will not be held liable for any accident or associated expense incurred while on these excursions.

_____ _____

Parent/Guardian Signature Parent/Guardian Phone Number

_____ _____

Emergency Contact Emergency Phone

_____ _____

Insurance Company AND Policy Number Date

Recording and Photo Consent Form

I, _____, hereby authorize that my child, _____, has my permission to be photographed and recorded (audio and video) by the director, Naomi Kilpatrick, for various activities such as auditions, learning opportunities, yearbook, posters, etc.

_____ _____

Parent Signature Date

_____ _____

Student Signature Date

Student Information Sheet

Name: _____ Gender: _____

(First) (Middle) (Last)

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Current Grade: _____

Do you have internet access at home? _____

Birthday: _____ T-Shirt Size: _____

Primary Guardian's Name: _____

Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Secondary Guardian's Name: _____

Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Emergency Contact:

_____ Primary Guardian

_____ Secondary Guardian

_____ Other (If yes, fill out Other Guardian Information Below)

Other Guardian's Name: _____

Relationship to Student: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Any Additional Student Information:

_____

_____

_____

_____

_____

CMS Guitar Student Handbook Acknowledgement

As a member of the Calhoun Middle School Guitar Program, I understand that I must meet the following expectations:

1. I will come to class each day prepared and ready to actively participate in rehearsal.

2. I will properly care for my guitar and the materials provided to me by the CMS Guitar Program.

3. I will demonstrate appropriate behavior at all times and will make positive contributions to the group.

4. I will pay my guitar fees to cover the cost of my music, materials, t-shirt, and other supplies needed throughout the school year.

5. I will attend all required performances, because my fellow choir members are counting on me, and because it is a required part of my grade.

6. I will contact the director, in advance if possible, if any emergency occurs and I am unable to attend any scheduled event, or have any questions concerning the CMS Guitar Program.

7. I have read and understand all the policies and guidelines in the choir handbook pertaining to my membership in the CMS Choir Program for the 2025-2026 school year.

_____ _____

Student Signature Date

CMS Guitar Parent Handbook Acknowledgement

I have read and understand the choir handbook and the expectations listed above, and will ensure that my child fulfills these requirements as a member of the Calhoun Middle School Guitar Program for the 2025-2026 school year.

_____ _____

Parent Signature Date