

NORWOOD MORIALTA HIGH SCHOOL



13th February 2017

Dear Jazz Band Parents and Caregivers

Re: Generations in Jazz for 2017

It is my pleasure to invite your child to participate in Generations in Jazz for 2017. We have participated for the past two years and the festival has become a highlight of our musical calendar, a fitting reward for the ongoing extra-curricular commitment made by Jazz Band members.

Our Jazz Band is an enthusiastic part of the 4500 student musicians at Generations from all corners of Australia. The 2017 line-up of performers includes James Morrison, the Adelaide Symphony Orchestra, US jazz sensation (and 2016 GiJ favourite) Wycliffe Gordon on trombone and keyboard player and backing vocalist from The Cat Empire, Oliver McGill.

The **cost** inclusive is \$400 per student which includes:

- Entry to the festival and competition fees
- All transport via minibus
- All food and drink for the weekend except lunch on the first day
- GiJ NMHS hoodie and / or embroidery on existing hoodie

Families will be invoiced once the consent forms have been returned. Payment due by Friday 14th April or by negotiation with Julie Ortlepp in the Finance Office.

Depart: Friday 5th May 2017 at 8am from the MC Music car park in the school's bus.

Return: Sunday 7th May 2017 approx at 10pm to the MC Music car park

Accommodation: Glencoe Football Club about 20km outside of Mt Gambier

Festival venue: The Barn, 10km south of Mt Gambier

Students need to bring:

- Instrument and sheet music
- Performing uniform – white shirt, school tie, grey pants / blue skirt and stockings, black shoes, GiJ NMHS hoodie
- Warm neat casual clothes
- Sleeping bag and pillow
- Toiletries and towel

MIDDLE CAMPUS
MORIALTA ROAD WEST
ROSTREVOR 5073
SOUTH AUSTRALIA
TELEPHONE: 08 8365 0455
FACSIMILE: 08 8360 9802

SENIOR CAMPUS
505 THE PARADE
MAGILL 5072
SOUTH AUSTRALIA
TELEPHONE: 08 8364 2299
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POSTAL ADDRESS
PO BOX 180
MAGILL SA 5072

www.nmhs.sa.edu.au

dl.0787.theprincipal@schools.sa.edu.au

PRINCIPAL: JACQUI VAN RUITEN

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DISTINCTION

DIVERSITY

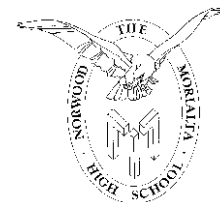
RESPECT



Government of South Australia

Department for Education and
Child Development

T/A South Australian Government Schools
CRICOS Provider Number: 00018A



CONSENT FORM FOR EXCURSION/CAMP

(To be sent to parents in conjunction with school medical information request form)

*Please use block letters when filling out this form

As a parent/guardian of:

STUDENT'S NAME

I:

YOUR NAME

give my consent for him/her to participate in:

NAME OF ACTIVITY: Generations in Jazz 2017
ACTIVITY DESCRIPTION: The students will be participating in a band competition, workshops and performances as part of Generations in Jazz, 2017.

at/on:

LOCATION: Glencoe Football Club, campsite and The Barn, Mount Gambier

FROM: 08 00 a m TO: 10 00 p m ON: 5/5/17 - 7/5/17

Has a Health Care Plan already been provided to the school? Yes No

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors August take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
I have also attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Parent/Guardian

Parent/Guardian Contact:

NAME

ADDRESS

POSTCODE

HOME TELEPHONE WORK TELEPHONE ALTERNATIVE TELEPHONE

Student Medic Alert Number (If applicable): _____

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity August be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

I give permission for my son/daughter to be photographed and use of images for promotional purposes

Parent/Guardian signature _____

THE NORWOOD MORIALTA HIGH SCHOOL



MEDICAL INFORMATION

Student's Name: **HG:**

Address:

NO CHANGE TO PREVIOUS OE HEALTH FORMS



CONFIDENTIAL

<i>(Please circle)</i>			<i>(Details)</i>
1. Heart Problems	Yes	No
2. Respiratory Problems (Asthma, etc)	Yes	No
3. Allergies	Yes	No
4. Travel Sickness	Yes	No
5. Blood Pressure	Yes	No
6. Phobia	Yes	No
7. Operation	Yes	No
8. Recent Illness	Yes	No
9. Medications Required/Details:.....			
10. Drug Reactions, eg Penicillin:.....			
11. Other information which may limit child's involvement:			

Has the student received a course of Tetanus Immunisations? Yes No
Date of last booster injection / /

Are you covered by an Ambulance Subscription? Yes No
If YES, name of Fund:

In EMERGENCY CONTACT:
Name:
Address:
Parent's Medicare No. Phone.....
Mobile No:

Other EMERGENCY CONTACT:
Name: Phone (work):
Relationship: Phone (home):
Mobile Phone:

Name of Doctor and Address:
..... Phone:

OTHER INFORMATION:
.....
.....

Musical and Rehearsal Expectations:

Our repertoire for GiJ consists of three pieces:

- Second Take – Div 4 Set Piece
- Birdland – Own Choice
- a Ballad – TBA

It is expected that students participating will learn all three pieces to a high standard by no later than week 8 of Term 1 and attend all Tuesday rehearsals. Where students have a significant reason for not attending it is expected that they contact me via Daymap or email no later than the morning of the rehearsal. Failure to meet these expectations may result in students being unable to participate.

More details are available on the Generations in Jazz website:

<https://www.generationsinjazz.com.au/>

Please return this form by Tuesday 21st February. If you have further questions please do not hesitate to contact me via email tom.farnan746@schools.sa.edu.au

Yours sincerely



Tom Farnan
Jazz Band Director

Jacqui van Ruiten
Principal

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Reply Slip to be returned by Tuesday, 21st February - Generations in Jazz for 2017

Iconsent to.....
(Parent/Caregiver) (Student name)

participating in Generations in Jazz, 2017 and to paying the participation fee of \$400. I understand and support the musical and rehearsal expectations.

Signed _____(Parent/Caregiver) Signed _____(Student)

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