

# NORWOOD MORIALTA HIGH SCHOOL



13<sup>th</sup> 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 14<sup>th</sup> April or by negotiation with Julie Ortlepp in the Finance Office.

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

**Return:** Sunday 7<sup>th</sup> 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  
FACSIMILE: 08 8139 2138

POSTAL ADDRESS  
PO BOX 180  
MAGILL SA 5072

[www.nmhs.sa.edu.au](http://www.nmhs.sa.edu.au)

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

PRINCIPAL: JACQUI VAN RUITEN

.../2

DISTINCTION

DIVERSITY

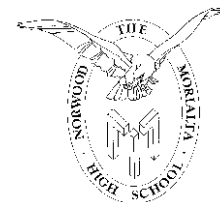
RESPECT



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

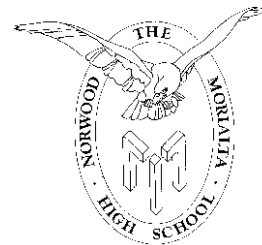
Student Medic Alert Number (If applicable): \_\_\_\_\_

\*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

- |     | (Please circle)                                                 |     |    | (Details) |
|-----|-----------------------------------------------------------------|-----|----|-----------|
| 1.  | Heart Problems                                                  | Yes | No | .....     |
| 2.  | Respiratory Problems<br>(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:<br>..... |     |    |           |

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 21<sup>st</sup> February.** If you have further questions please do not hesitate to contact me via email [tom.farnan746@schools.sa.edu.au](mailto:tom.farnan746@schools.sa.edu.au)

Yours sincerely

Jacqui van Ruiten  
Principal

Tom Farnan  
Jazz Band Director

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**Reply Slip to be returned by Tuesday, 21<sup>st</sup> February - Generations in Jazz for 2017**

I .....consent 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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