

THE MUSIC DEPARTMENT OF CRANDALL ISD

Greg Hamilton

Director of Bands, Crandall Middle School

Dear Crandall Band Parent,

We are excited to announce the return of band contests for our young band members. Contests will look different than years past, but we are thrilled nonetheless.

A typical spring contest for our students would include a performance outside of school. The performance location would have fun activities available for students to celebrate their successes.

This year, students will perform virtually for music adjudicators on campus at CMS. Beginner Band students will pre-record their contest music and receive recorded adjudication. Symphonic Band and Wind Ensemble members will broadcast a live performance to an adjudicator for virtual comments. Adjudication will be delivered during the regular school day. Students will perform as a complete ensemble, not as individuals.

Students will celebrate their success on Saturday, May 22 with an **optional** trip to Six Flags. Student prices for the Six Flags celebration will be \$25, which includes park admission and a meal voucher (which is one meal, a snack, and a drink). Students with a season pass may attend for free, but must bring their season pass with them. Money for the event is due Friday May 7. However we must know if students are participating by Friday, April 16. Students attending the Six Flags celebration must observe all COVID safety protocols outlined by Six Flags. We will also have temperature checks before we leave for the park.

Six Flags participants must wear their band polo shirts with school acceptable/appropriate jeans or shorts. Participants will meet at the CMS band hall at 9 AM on May 22. We will depart at 9:30 and return to CMS at 6 PM. Participating students must ride the school bus to and from the event.

We ask that all band members complete the attached form and return it to school with your student by Friday, April 16.

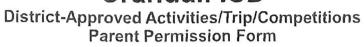
Thank you.

Greg Hamilton 972.427.6080 ext. 5619 www.crandallband.org

PLEASE COMPLETE AND RETURN THE FORM BELOW BY FRIDAY, APRIL 16, 2021

Virtual Band Contest	<u>Waiver</u>	
	I give my student permission to participate in the virtual adjudication of their band performance, which will include recorded video and audio.	
	I prefer my student not participate in the band contest	
Student Name	Parent/Guardian Name	
Parent/Guardian Sign	nature Date	
Six Flags Celebration	<u>Option</u>	
	My student will participate in the Six Flags celebration on May 22. My student will bring \$25 by May 7, 2021. Parents may pay in cash or check written to Crandall ISD.	
	My student will participate in the Six Flags celebration on May 22. My student will use their season pass.	
	My student will not participate in the Six Flags celebration on May 22.	
All students participating in the Six Flags celebration must complete the attached permission slip.		
Student Name	Parent/Guardian Name	
Parent/Guardian Sign	Date Date	

Crandall ISD





Campus:		
Teacher/Sponsor: Crandall Middle Sc	chool - Greg Hamilton	
Principal: Amy McAfee	Y JAKU	
Purpose of Student Trip: Band Contest	Celebration at Six Flags Over Texas	
Class Scheduling Trip: Band		
Trip Destination: Arlington, TX		
Dates of Trip: May 22, 2021		
Departure Time: 9:30 AM	Return Time: 6 PM	
This form is designed to obtain your perm	nission for your child to participate in the activity listed below. Transsor a district approved vehicle. Please carefully read and complete	
ALL STUDENTS MUST RIDE CISD T CISD WILL NOT OFFER ANY REFU	RANSPORTATION TO AND FROM THE ACTIVITY. NDS FOR ANY REASON.	
cal care and treatment for my child for activities. I understand that, while student not responsible for medical costs associated in consideration for my child's part harmless from and waive against the Distimedical expenses, loss of services, injury any concurrent or contributing fault or neging the trips or activities.	ticipation in the described field trip and activities, I expressly hold rict, it's Trustees, employees, agents, and assigns, and all claims for to person or property, death or other claims, actions, or liabilities or gligence of it or them as such may result from my child's participation	
to indemnify and hold harmless the Distric any and all suits, actions, losses, damage	d's participation in the described field trips or activities, I also agree of, its Trustees, employees, agents, and assigns, from and against as, or that which may result from my child's participation in the trips its Trustees, and employees understand this release and I sign it ignificance.	
Student's full name:		
- Health Conditions:		
Current Medications:		
Contact number:		
Parent/Guardian signature:	Date:	

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