***Participant’s Copy: page 1***

**Trip Participant Contract**

**Seminole High School – Pride of the Tribe**

**March 17 – March 21, 2016 New Orleans Trip\***

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**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_**

**Student Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_**

**Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. The APPROXIMATE total cost of the Band Trip per student is **$700.00.** This total includes transportation, lodging, 4 breakfasts, 3 dinners and costs of planned tours. Costs may change based on room occupancy.

2. The cost of the trip may go up or down by a small amount depending on the number of students participating and transportation, excursions, meals, etc.

3. The above named band student intends on participating in the 2016 Band Trip to New Orleans.

4. I agree, with the accompanying deposit of **$200.00** to accept responsibility for the remaining balance of the trip per the attached payment/deadline schedule.

5. If for any reason the above named student cancels their participation on this trip, I understand that monies will be forfeited per the cancellation schedule attached. As a courtesy, you will be notified if we haven’t received your payment.

6. It is also my understanding that any monies contributed towards this trip through fundraising are non-refundable.

7. Special arrangements of deadlines will be considered by the band director and Band Parent Association Board if the need should occur. Failure to communicate **verbally and in writing** will result in forfeiture of funds and the above named student will be excluded from participating in this trip. Written communication must be delivered to the Band Room to the attention of Sallie Clark (Trip Coordinator).

8. Payment of the minimum monthly installments must be made in a timely manner in the form of cash, check, money order, or account transfer. If payment is by check, the student’s account will not be credited until the funds are cleared by our banking institution, and any charges for insufficient fund checks will be assessed to the student. \*PayPal credit card services are available to pay for Trip installments with an additional service charge.

9. All incidental costs (souvenirs, food, etc.) associated with the trip are the sole responsibility of the participant and his/her Guardian.

10. Participation in this trip requires excused absence approval from SHS Administration.

11. The band director may deny participation in this event. Denial on the basis of disciplinary action shall result in forfeiture of all deposits and fundraising.

12. All band dues and obligations must remain current in order to participate in this trip.

**WE ARE FULLY AWARE OF THE RESPONSIBILITIES SET FORTH IN THIS CONTRACT. WE UNDERSTAND AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE ABOVE STATE “TRIP PARTICIPANT CONTRACT” FOR THE SHS JAZZ BAND 2016 NEW ORLEANS TRIP.**

**Signature of Band Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent(s)/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Participant’s Copy: page 2***

**NEW ORLEANS TRIP PAYMENT SCHEDULE**

$200.00 (Deposit) due on: 12/11/15 (fundraising funds can be used)

\*When a student elects to use fundraising funds there MUST be a written request that is turned in to the Band Office to the attention of BPA Treasurer to move those funds to pay for the deposit or future installment payments. Student account funds are ONLY available to students to pay for student trip payments. Chaperones cannot use student account funds to pay for chaperone installment payments.

Installment #1: $200.00 Deposit due on: 12/11/15 (fundraising funds can be used)

Installment #2: $200.00 Additional due on: 1/12/16 (fundraising funds can be used)

Installment #3: Final payment TBD (Balance due) by: 2/12/16 (fundraising funds can be used)

1. Payments may be made in increments of ANY amount PRIOR to the deadlines, but amount goals MUST be met on schedule in order for the Band Parent Association Board to meet the travel tour company’s payment schedule.
2. PayPal credit card services are available to pay for Trip installments. Please be advised that PayPal charges an additional fee to use this service. You will be charged for that service fee. If using PayPal for installment payments you must contact BPA Treasurer two weeks prior to the installment due date to arrange for timely payment.
3. The Participant is being provided with **Installment Coupons** to make their payments. These coupons should be filled out and sent with payment to the Band Office, Attention: BPA Treasurer. Additional copies of the Installment Coupons can be found on the BPA website ([www.seminolehsband.org](http://www.seminolehsband.org)). If you are opting to use FUNDRAISING FUNDS for that month’s installment, please use the Installment Coupon to provide written notice to the BPA Treasurer. (\*Use of student account funds - available ONLY to students, not chaperones.)

**\* We are fully aware of the responsibilities set forth in this contract. We understand and agree to abide by the terms and conditions of the above stated “New Orleans Trip Payment Schedule” for the SHS Band 2016 New Orleans Trip.**

**Signature of Band Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent(s)/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Participant’s Copy: page 3***

**GUIDELINES & POLICIES**

**SCPS STUDENT POLICIES:** All Seminole County Public School policies apply while on the band trip.

**CONSEQUENCES:** A student that breaks any of the rules or acts inappropriately may be sent home immediately at the parent’s expense.

**CHAPERONES:** As per Seminole County School Board Guidelines, one Chaperone will be provided for every 10 students participating in the trip and will go through the required fingerprinting process.

**STUDENT ILLNESS:** A student may also be sent home at the parent’s expense should the child become ill and not able to be around other students as per SCPS policies.

**SCPS MEDICAL / TRAVEL FORM:** A notarized overnight trip medical/travel form must be on file along with the parent/ guardian’s photo ID and proof of insurance for the student.

**ITINERARY \***Soon to be Announced

**INSURANCE & INDEMNIFICATION** The Trip Participant agrees to indemnify and save harmless the Seminole County School Board, Seminole High School, the Seminole High School Band Parents Association, its officers, agents and employees from and against any and all claims and liabilities (including expenses) for injury or death of persons or damage to any property which may result, in whole or in part, from any act or omission on the part of the Trip Participant.  The Seminole County School Board, Seminole High School, the Seminole High School Band Parents Association are not responsible for expenses other than those specifically included in this contract.  It is the responsibility of the Trip Participant to purchase health insurance or trip insurance to cover trip cancellation, early return, and medical treatment.

**NEW ORLEANS TRIP CANCELLATION SCHEDULE**

**CANCELLATION NOTICE VERBALLY AND IN WRITING MUST BE RECEIVED BY THE FOLLOWING DATES:**

**12/12/15** – **Subject to $50.00 cancellation fee.**

**1/12/16** – **Subject to $100.00 cancellation fee if cancellation notice is not received by 1/12/16**

**2/12/16** – **If cancellation notice is not received 2/12/16 all payments made towards the trip before and after 2/12/16 will be forfeited.**

**\* If the student is denied absence approval from SHS Administration for the dates of this trip, they will be subject to all cancellation policies as stated above.**

**\*We are fully aware of the responsibilities set forth in this contract. We understand and agree to abide by the terms and conditions of the above stated “Guidelines and Policies” and “New Orleans Trip Cancellation Schedule” for the SHS Band 2016 New Orleans Trip.**

**Signature of Band Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent(s)/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Participant’s Copy: page 4***

**Note: There are two (2) copies of this New Orleans band trip contract. Please return one signed with your $200 deposit and keep the other copy for your records so you can keep track of payments due/made.**

**Make all Checks payable to: SHS BPA**. **Bring all payments to SHS Band Office.**

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**Trip Inclusions (Based on availability of FSU Clinic):**

* Round-trip motor coach transportation, driver’s room and gratuity
* 4 night’s hotel accommodations with interior corridors (quad occupancy)
* 4 breakfasts, 2 dinners and 1 dinner cruise
* Nightly private hotel security guard
* All admissions, entrance fees, taxes and most gratuities
* Lanyards and luggage tags for each participant
* Professional tour director (gratuity not included)

\*Above is subject to change based on Tour Operator

**Trip Insurance:**

 If you are interested in purchasing Optional Trip Insurance, please contact the Trip Coordinator Sallie Clark at neworleanstrip@seminolehsband.org  As previously communicated, in order for participants seeking coverage for pre-existing conditions, you must purchase the insurance within 14 days of your initial deposit.