

**Premier Concert  
Friday, September 26<sup>th</sup>  
Indoor Commons - 7:30pm**

Redwood Middle School  
Castillero Middle School  
Pioneer High School  
Lincoln High School

**Itinerary:**

4:00pmish - Students arrive at Castillero

4:15pm-5:45pm - Rehearsal

4:15pm - Large group (Avant, Vivace, Interrmezzo)

4:55pm - Chamber Group (Chamber, Chamber, Advanced)

6:30pm - Dinner provided for performers

6:50pm - Change into concert uniform (all black - shirt, shoes, socks, pants, belt) if not already done-so

7:15pm - Chamber takes the stage, warms-up, Large group on stage filling empty chairs.

7:30pm - Concert begins

**Chamber:**

Mozart

String Me Along

Snake River Stomp

**Large Group (Interrmezzo, Avant and Vivace):**

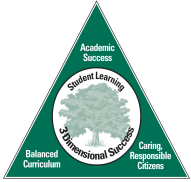
Westminster

Zoosters

Warrior Legacy

Rosin Eating

8:30pm - Done



SARATOGA UNION  
SCHOOL DISTRICT

# REDWOOD MIDDLE SCHOOL FIELD TRIP AUTHORIZATION

PLEASE RETURN THIS FORM BY:

**Thursday, Sept. 18**

Date: Friday, September 26, 2014

To: Castillero Premiere Concert

Departure Time: 3:30-4:00PM

Phone #: (408) 867-3042 x 151

Return Time: N/A (students to be picked up on site)

By: Bus (drop-off only); Students picked up by families

Admission/fee due:  \$ \_\_\_\_\_  
 No charge

Lunch: No lunch necessary. **Dinner will be provided.**

Special Instructions: Bring instruments, music and uniforms to school the morning of the performance before school begins and store in the orchestra room. Belongings will be retrieved after school and loaded onto buses. Students are to be taken home from Castillero Middle School upon conclusion of the concert. Address: **6384 Leyland Park Dr., San Jose 95120**

Relation of field trip to classroom instruction: Debut performance of Vivace and Chamber strings; exchange and joint performances with Castillero Middle School

## PARENT/GUARDIAN NAME:

*Please complete and return this authorization form*

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

**has my permission to participate in the above mentioned field trip.**

**I hold the District, its agents, volunteers and employees harmless from liability/claims which may arise in connection with my child's participation in this activity. (Ed. Code 35330)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Daytime Phone: (Primary): ( ) \_\_\_\_\_ (Secondary): ( ) \_\_\_\_\_

Parent/Guardian Daytime Phone: (Primary): ( ) \_\_\_\_\_ (Secondary): ( ) \_\_\_\_\_

## MEDICAL AUTHORIZATION:

In the event of any emergency requiring medical assistance, the school will attempt to contact the parent immediately; however, should family contact not be possible, we ask for your consent to act on your behalf to protect the safety and welfare of your child.

I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and/or hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a medical staff or the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Medical insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_