



November 19, 2018

Dear DPYO,

CONGRATULATIONS! I am so proud to be able to share our Ohio Music Education Association Conference performance with you. I hope you recognize what an achievement it is to be invited to the OMEA conference. OMEA performances represent the finest organizations in the state, and to be one of those organizations is a reflection of your talent and dedication, as well as the strength of support from your parents and families.

I will expect a very high level of preparation for this performance, and each of us will need to ask the very best of ourselves, both on and off the stage.

A great deal of work and organization will go in to planning our trip and we owe special thanks to the parents who will work so hard to make this trip an experience honoring your accomplishment.

So, please pay close attention to information you receive regarding our trip to Cleveland. It'll be a wonderful experience for us all, and with great work in rehearsals and dedicated individual practice it will be a spectacular performance.

Best wishes, and again, CONGRATULATIONS!

Dr. Patrick Reynolds
Conductor, Dayton Philharmonic Youth Orchestra

Checklist:

Please make sure to return the following to DPYO by **December 9, 2018**.

- ☐ Trip Permission Slip (p. 5)
- ☐ Property Care and Insurance (p. 7)
- ☐ Medical Information Form (p. 8-9)
- ☐ School Permission Form (p. 10)
- ☐ \$60 in cash or check

Only if not riding the bus due to unusual circumstances:

- ☐ Alternate Transportation Form (p.6)

DPYO OMEA ITINERARY

****Subject to slight changes that will be communicated prior to the trip**

THURSDAY, JANUARY 31

7:00 AM	Check-in for departure (University of Dayton Fitz Hall)
7:30 AM	Buses depart
11:30 AM	Arrive at Cleveland Convention Center, Lunch
12:45 PM	Meet at the Convention Center Grand Ballroom
1:00	Warm-up/Rehearsal (Convention Center Grand Ballroom)
2:00	Performance (Convention Center Grand Ballroom)
3:00	Attend Conference Events/Visit Exhibition Hall
5:00	Return to Bus
5:30	Depart for Dayton
9:30	Arrive in Dayton (University of Dayton Fitz Hall)

Chaperones:

In the event of an emergency where you must contact your student during the course of the trip, please use this list as your primary contact source to reach them. The name listed below is our chaperone leader and he will have a master list of all students and which chaperone is with them. He will in turn contact them directly and forward your information immediately. Your student's safety is our utmost concern and we want to ensure that the situation can be handled with the greatest responsibility.

Gary Johnson, DPYO Parent President

cell phone #[937-672-9470](tel:937-672-9470)

A full list of chaperones will be provided prior to the trip.

important, keep this!

Trip Details

ITEMS TO BRING ON THE TRIP:

- YOUR INSTRUMENT and MUSIC
- Money for lunch and dinner
- Appropriate Concert wear and Travel wear (see below)
- Positive Attitude!

Concert wear (for all musicians):

- Black tuxedo (no tails) OR black suit, white dress shirt, black bow tie, black socks, black dress shoes (jackets not optional for men), OR
- Black floor length dress, black stockings, black dress shoes, OR
- Black blouse with $\frac{3}{4}$ or full-length sleeves, professionally fitting black dress pants or black floor-length skirt, black stockings, black dress shoes
- Modest jewelry and simple, black hair accessories
- No jeans, corduroys or leggings

NOTE: You may choose to travel in concert attire. If you travel in anything other than concert attire, you will need to change in public restrooms at the convention center immediately upon arrival.

ITEMS NOT TO BRING ON THE TRIP:

- **ILLEGAL SUBSTANCES OR TOBACCO**
- ANY ITEM THAT DISRUPTS THE EVENT, CREATES A NUISANCE OR IS CONSIDERED POTENTIALLY HARMFUL TO OTHER INDIVIDUALS WILL BE PLACED IN THE CUSTODY OF THE CHAPERONE UNTIL THE END OF THE TRIP.

We will provide basic over the counter first aid items for our students, there will be no need to pack such items (band-aids, Tylenol, aspirin, etc.).

To avoid unnecessary problems, make sure your student's instrument is in good working order BEFORE coming on the trip. String players should bring extra strings if possible. Brass players should bring slide grease and valve oil. Woodwind players should bring cork grease, a swab and extra reeds. Instruments will not be transported without a case.

MEDICATION

As required by state law, all medications must be kept in a locked container during our trip. Please have all medications (whether prescription, non-prescription, or over-the-counter) labeled with your student's name and in the ORIGINAL container. Make sure that prescriptions do not expire while we are on the trip and that there is enough medication to last during the trip. DPYO will bring first aid items and Tylenol for the students. Because we are required by law to check in all medications brought on the trip, it will save you time during the check in session if you do not bring these items. However, if your student is particularly sensitive to certain brand over-the-counter products and would prefer a certain type or brand, please bring these items with enough time to properly check them prior to departure.

Please bring your student's medication in a Ziplock bag with their name clearly marked on it.

important, keep this!

YOUR BEHAVIOR DURING THIS TRIP:

- Exemplify the highest moral character, behavior, and leadership, adhering to strong ethical and integrity standards.
- Respect the integrity and personality of the individual musician.
- Accept and understand the seriousness of your responsibility, and the privilege of representing the DPO and the community.
- Treat your fellow musicians the way you would like to be treated, as a guest or friend. Who better than yourselves can understand all the hard work and effort that is required of your orchestra? Conduct yourselves in a professional manner at all times.
- We expect DPYO members to demonstrate behavior of the highest order, and to be ambassadors for the Dayton Philharmonic, our Youth Orchestra, our schools and for the entire Dayton area music community.

YOUR DRESS CODE DURING THIS TRIP

This concert dress is the same one in effect for the DPYO orchestra.

It is as follows:

Concert wear (for all musicians):

- Black tuxedo (no tails) OR black suit, white dress shirt, black bow tie, black socks, black dress shoes (jackets not optional for men), OR
- Black floor length dress, black stockings, black dress shoes, OR
- Black blouse with $\frac{3}{4}$ or full-length sleeves, professionally fitting black dress pants or black floor-length skirt, black stockings, black dress shoes
- Modest jewelry and simple, black hair accessories
- No jeans, corduroys or leggings

All of these items are to be supplied by the student.

Parents please be sure that all students have black socks or stockings. It is very noticeable from the audience and one of the most often overlooked requirements in meeting the dress code.

important, keep this!



Trip Permission Slip

After having read the information contained in this letter and packet,

I/we the parents/guardians of _____
give our permission for him/her to attend the OMEA Conference in Cleveland on
January 31, 2019 as a member of the Dayton Philharmonic Youth Orchestra. In signing
our names below I/we verify that the required travel packet has been completed and
returned with the necessary \$60.00 to cover the cost of the bus.

Payment type (please check which one):

- ☐ **CHECK #:** _____ (made out to "DPYO Parents' Association")
☐ **CASH**

A receipt will be issued to verify payment by the Treasurer of DPYO. If there is a hardship
making the payment, please contact Gary Johnson, President of the DPYO Parents
Organization: dpvoparents.gj@gmail.com.

*Students will have the opportunity to visit the Conference's exhibit hall with music, instruments
and many items of interest to musicians on display and for sale. In addition to bringing
approximately \$20 to cover their lunch and dinner, students may want to bring a little extra
spending money, just in case. Since we cannot be responsible for the loss of money by the
students, we strongly discourage students bringing more than \$50.00 extra cash to be carried
with them during this trip.*

Thank you,

DPYO OMEA Travel Committee

X Signature of parent/guardian _____ Date _____

X Signature of director _____ Date _____

return this slip by Dec. 9, 2018



Alternate Transportation Form

★ Please only complete in the unlikely situation that your child is NOT riding the bus. ★

- This is to certify that _____ has my permission to ride **to – from – both** [please circle one] the OMEA CONFERENCE in Cleveland, OH on January 31 using alternate transportation instead of the provided bus.
- I, _____ as parent/guardian certify that I am *personally transporting my above named child*.
- The reason for not riding the bus is:

I understand that the Dayton Philharmonic Youth Orchestra and its Executive Board and Director strongly encourage all members of the orchestra to ride the buses to and from the event and departure from this requirement will release the Dayton Philharmonic Youth Orchestra, its parent organization, The Dayton Philharmonic Orchestra, Board of Directors, Executive Board and all officers from all liability for any adverse result that may occur.

I agree to release the Dayton Philharmonic Youth Orchestra, its parent organization, The Dayton Philharmonic Orchestra, Board of Directors, Executive Board and all officers and employees and volunteers from all liability with reference to the above stated transportation.

This form must be on file and returned with the travel forms packet by December 9, 2018. A copy will be kept on file by the Dayton Philharmonic Youth Orchestra and a copy will be given to the trip coordinator. ***This form only gives permission for the individual student musician listed above to use alternate transportation, it does NOT permit the student musician to leave an event early without the Trip Coordinator's and Conductor's permission.*** The student musician will BE REQUIRED to be at the rehearsal location (Convention Center Grand Ballroom) on January 31 at 12:45pm and shall not leave before being dismissed by the Director of the Orchestra.

X Signature of parent/guardian _____ Date _____

X Signature of director _____ Date _____

return this slip if not riding bus



Property Care and Insurance

To avoid unnecessary problems, make sure your student's name is on all items coming along on the trip. Students are responsible for care of their own property. **DPYO is not responsible for lost, damaged, or stolen items and strongly discourages students from bringing valuable personal items** on this trip. DPYO cannot insure your student's musical instrument and/or personal property, so as an extra precaution for each student's, property, we strongly recommend that a Personal Rider be taken out in connection with your family's homeowners policy or insurance contract, thereby protecting the instrument and/or personal property for all risk coverage. This will assure you of all risk coverage during our trip to Cleveland and any other location or even may require your student to take such property.

Please sign and return this form (use pen) as your acknowledgement, understanding and agreement of the above information. Please return by **December 9, 2018.**

Student Name: _____

X

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

return this slip by Dec. 9, 2018



Medical Information Form

Dear Parent/Guardian:

DPYO requests the following information so that DPLYO and parents can work together to meet the physical and psychological needs of the student. All information is confidential. Please complete this form (use pen) and return by **December 9, 2018**.

Student's Name _____

Address: _____ Student's Ph: _____

City: _____ State: _____ Zip: _____

Custodial Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

If parent or guardian is unreachable:

Emergency Contact #1: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Emergency Contact #1: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Does your child have any of the following? If yes, please mark accordingly:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Speech problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Dental problems | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Eczema/frequent skin rashes |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Menstrual irregularities | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Frequent sore throats, ear aches, colds | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Trouble passing urine or bowel movements | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Other current infectious diseases: | | |
| <input type="checkbox"/> Other | If other, please explain and note any additional chronic medical problems: _____ | |

**complete front and back of this page
return this slip by Dec. 9, 2018**



Student's Name: _____

MEDICATIONS:

Prescriptions must not expire during our trip! Medications (prescriptions and non-prescription must be labeled with student's name and be in the ORIGINAL container.

Custodial Parent/Guardian Name: _____

Name: _____ Frequency: _____ Dosage: _____

Name: _____ Frequency: _____ Dosage: _____

Name: _____ Frequency: _____ Dosage: _____

Y N Does your child have any allergies to food, medication or other? If yes, please list allergy, type of exposure, and reaction: _____

Primary Physician: _____

Primary Dentist: _____

HEALTH INSURANCE

Y N Does your student have health insurance? If yes, please complete the information below.

Policy Holder: _____

Place of Employment: _____

Name of Hospitalization Insurance Co.: _____

Policy Number: _____ Student Social Security #: _____

AUTHORIZATION

Y N Is there anything in your religious beliefs that should be given consideration in treatment of your student's health or in case of an emergency? Please explain: _____

I hereby consent to any and all diagnostic procedures, examinations, care and treatment as deemed necessary by the DPYO chaperons or licensed physician. I further consent to authorize any physician or surgeon to render any diagnostic procedures, examinations, care of treatment that he/she may deem necessary or advisable. In case of a serious accident or illness involving your student while he/she is in the custody of a DPYO chaperone, every effort will be made to contact a parent or guardian. Because I understand that a situation could arise when an emergency treatment may be necessary and I cannot be reached, I hereby authorize DPYO personnel to make provisions for treatment with the appropriate medical personnel or facility.

Further, I understand and agree that the DPYO personnel and medical staff will not accept responsibility for the following A) Medications not prescribed by the student's designated physician and actions from this use, and B) actions of the student that are contrary to medical advice.

X Custodial Parent/Guardian Name: _____ Date: _____

return this slip by Dec. 9, 2018



School Permission Form

To the Teachers of: _____

Grade: _____ Date: _____

Please return this form to DPYO by **December 9, 2018**

In order to perform at the Ohio Music Education Association State Conference on January 31, 2019, the above named student will have to miss your assigned class. Students are responsible for making provisions for homework and classroom activities prior to the day of the activity.

Advisor (Teacher Signature): _____

(Assignment/Comment): _____

1st (Teacher Signature): _____

(Assignment/Comment): _____

2nd (Teacher Signature): _____

(Assignment/Comment): _____

3rd (Teacher Signature): _____

(Assignment/Comment): _____

4th (Teacher Signature): _____

(Assignment/Comment): _____

5th (Teacher Signature): _____

(Assignment/Comment): _____

6th (Teacher Signature): _____

(Assignment/Comment): _____

7th (Teacher Signature): _____

(Assignment/Comment): _____

Student (Signature): _____

Parent (Signature): _____

Principal (Signature): _____

PARENT AND STUDENT SIGNATURES SIGNIFY UNDERSTANDING THAT ALL ASSIGNMENTS WILL BE COMPLETED AND TURNED IN TO THE CLASSROOM TEACHERS AFTER THE TRIP AS REQUIRED BY THE TEACHERS.

return this slip by Dec. 9, 2018