

CARNEGIE HALL 2019



The North Atlanta High School Band and Orchestra have been recognized for outstanding musical excellence by being invited to participate in the Heritage Worldstrides Carnegie Hall Festival in February 2019. This is a once in a lifetime opportunity for most professional musicians and our students have been invited while in high school.

Trip Dates- February 22 -25, 2019

Number of Students- 50 performing

Student Cost-

\$1,217- Base package (includes hotel, Broadway show, one sightseeing stop, festival fees, Dinner at Hard Rock and Planet Hollywood)

\$175 - Motor Coach Transportation (plus relay driver, necessary if trip is 8hrs+)

\$108- Additional sight-seeing venue (TBA)

Total- \$1500

Suggested Payment Schedule

5/4/18- \$200 (Non-refundable Deposit)

08/15/18 - \$285 (Group Fundraiser planned during this month, no cancellations after this date)

09/17/18- \$285 (Individual fundraiser planned during this month)

10/15/18- \$285 (Group Fundraiser planned during this month)

11/10/18- \$285 (Individual Fundraiser planned this month)

12/14/18 - \$160 (Final Balance Due in Full)

Payment Info-

Make Checks or Money Orders payable to North Atlanta High School Orchestra

Planned Fundraisers-

World's Finest Chocolate (Group Fundraiser)

Fall Concert, Pre-Carnegie Hall Concert (Group Fundraiser)

Corporate Sponsors (Individual, Group Fundraisers)

INSURANCE SUMMARY

WorldStrides Heritage Performance Programs carries the most extensive insurance package in the student travel industry, covering trip participants, educators and chaperones. WorldStrides maintains the following coverage:

LIABILITY INSURANCE

WorldStrides has the largest and most comprehensive liability insurance policy in the industry.

Comprehensive General Liability Coverage: \$10 million each occurrence/\$10 million aggregate. (Steadfast Insurance Company (Zurich) #EOL5329376-10)

Excess General Liability Coverage: \$40 million each occurrence/\$40 million aggregate. (North River Insurance Company #582-101864-1- 1st layer \$25 million, Federal Insurance Company #9363-59-15 – 2nd layer \$15 million)

ACCIDENT, MEDICAL AND DENTAL INSURANCE

Accident, illness and accident-related dental insurance coverage are provided for all hotel/package participants. Limits per single occurrence are \$7,500 for accident, \$1,500 for illness, and \$750 for accident-related dental. Any charges not covered by this insurance are the responsibility of the participant. Pre-existing conditions and air travel are not covered under this accident policy. WorldStrides maintains a comprehensive liability policy. (American Income Life Insurance #4650)

ERRORS AND OMISSIONS PROFESSIONAL LIABILITY COVERAGE

\$10,000,000 protects teachers, schools, students, chaperones, trip leaders and school districts against negligent acts, errors and omissions of the insured. Teachers, chaperones and trip leaders are insured while acting within the scope of the trip duties. (Steadfast Insurance Company #EOL5329376-10)

COMPONENT SERVICES LIABILITY COVERAGE

WorldStrides has selected airlines, hotels, ground transportation companies, restaurants, and sites that maintain liability insurance protection.

USTOA TRAVELERS ASSISTANCE PROGRAM

WorldStrides as an Active Member of USTOA, is required to post \$1 Million with USTOA to be used to reimburse, in accordance with the terms and conditions of the USTOA Travelers Assistance Program, the advance payments of WorldStrides customers in the unlikely event of WorldStrides bankruptcy, insolvency or cessation of business. Further, you should understand that the \$1 Million posted by WorldStrides may be sufficient to provide only a partial recovery of the advance payments received by WorldStrides. Complete details of the USTOA Travelers Assistance Program may be obtained by writing to USTOA at 275 Madison Avenue, Suite 2014, New York, New York 10016, or by email to information@ustoa.com or by visiting their website at www.USTOA.com.

Overnight School Sponsored Field Trip, Activity, or Program Medical Form for Students

Program Information:

Title or Name of Field Trip, Activity *Carnegie 2019* Dates 2/22-2/15/18 –
Location New York City, NY

Student Information:

Student's Name _____ Home Address _____
_____ Parent/Guardian Phone _____
_____ Cell Phone _____

Health Insurance Provider _____ Health
Insurance Policy Number _____ Primary Subscriber of
Medical/Health Policy _____ Student's Primary Health Care
Provider _____ phone # _____

Health History:

Allergies (food, medicine, and environment)

Chronic Health Conditions and Significant Medical History:

_____ **Date of Last Tetanus Shot** _____

Medications

- All medications must be in original pharmacy labeled container with child's name, dosage, route, and frequency of administration (include asthma inhalers, Epi Pens, and all regularly or occasionally taken medication)
- Provide only the amount of medication needed for the duration of the trip
- Please ensure that your child is capable of self-administering his/her medication

Please **complete the following chart with information of all medications** (prescription and non-prescription) that the student will need to self-administer during the trip:

Medication	Dosage and Route to administer	Frequency or time to take medication	Reason to take medication	Potential side effects
Ibuprofen (Advil, Motrin)	200-400 mg orally	Every 6 hours	Headache, pain fever	

Parent/ Guardian Consent and Release

- I/We, the undersigned parent/guardian, give permission for my child to self-administer the above listed medications. I agree to release, indemnify and hold harmless the Atlanta Public Schools District, the North Atlanta High School and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.
- I/We further consent to urgent medical treatment by a health care provider in the event of illness or injury of our child during his/her participation in the trip/ activity/ program. I/We accept full responsibility for all costs for any medical treatment.
- I/We consent for the release of confidential medical information to be released to and from medical providers, the faculty of the Atlanta Public Schools, and the school trip/ activity/ program chaperones, as needed to maintain my child's health and safety.

_____ Date _____ **Parent/Guardian**
Signature (only one signature required)

Carnegie Hall Letter of Intent



Carnegie Hall 2019

The North Atlanta High School Band and Orchestra have been recognized for outstanding musical excellence by being invited to participate in the Heritage Worldstrides Carnegie Hall Festival in February 2019. In preparation for this performance opportunity, we need to establish the ensemble traveling. Below is a copy of the intent form for the Carnegie Hall Trip. The intent form along with your deposit of \$200 will reserve your spot for the trip. Please indicate whether or not you intend to use the individual fundraisers as a method of payment.

Trip Dates- February 22-25,2019

Student Cost- \$1500

Payment Schedule

5/4/18- \$200(Non-refundable Deposit)

08/15/18- \$285 (Hotel)

09/17/18- \$285 (Bus)

10/15/18- \$285 (Festival)

11/10/18- \$285 (Hotel Final)

12/14/18 - \$160 (Final Balance Due in Full)

Payment Info-

Make Checks or Money Orders payable to North Atlanta High School Orchestra

CARNEGIE HALL INTENT FORM

Please turn in the form and deposit by 5/4/18 to reserve spot for Carnegie Hall trip.

STUDENT NAME _____

DEPOSIT AMOUNT: _____

PARENT SIGNATURE _____