



Stewarts Creek High School
Department of Fine Arts
Division of Vocal Music
301 Red Hawk Blvd
Smyrna, TN 37167
www.StewartsCreekChoirs.com

Gig Sheet – All-State Clinic 2022

Wednesday, April 27

8:00am Drop off luggage, concert dress, and music in choir room.
8:30 Go to 1st, 2nd, and 3rd Period
10:57 Go to 1st Lunch
11:27 Come to Choir Room
12:00pm Depart SCHS
1:00 Arrive Opryland Hotel. We will help setup choir rehearsal areas.
3:00 Registration
4:30 Dinner
6:30 Arrive Rehearsal for Roll
7-9pm Rehearsal

Thursday, April 28

8:00am Breakfast
9-11:30 Rehearsal
11:30 College Fair
12:00pm Lunch
2-5 Rehearsal
5-7 Dinner
7-9 Rehearsal

Friday, April 29

8:00am Breakfast
9-12pm Rehearsal
12-2 Lunch
2-5 Rehearsal
5-6 Dinner

7:00pm **TTBB Choir Concert**
7:45 **SSAA Choir Concert**
8:30 **SATB Choir Concert**

Cost:* Hotel (4 per room): \$119
All-State Registration: \$55
TOTAL: \$174

***THIS COVERS ALL YOUR TRANSPORTATION AND HOTEL.**

* Note – there will be opportunities for parents to purchase t-shirts, plaques, and recordings before the concerts. A more detailed list of these costs will be available at a future date.

Transportation Friday Evening:

Students must ride home with parents on Friday evening. Find Drs. Kellussell or send text a text that you have your child. If you cannot come to the concert, please secure transportation for your child with another parent and submit that in writing to Drs. Kellussell.

Parent Notes:

Please text Dr. Kelly and Dr. Russell via Remind if you can't get in touch with your child – they will be largely unavailable during rehearsals.

Parking should be free. As we get closer to the event we'll send details about location, etc. We would suggest that parents arrive around 6:15pm, even if your child is in the last concert of the evening. Doors will open at 6:35 in the Delta A Ballroom.

When at Opryland, security and medical personnel are contracted 24 hours a day. Students will walk as a group to the Opry Mills Mall (about 150 yards) for lunches and dinners (or they can eat at the more expensive restaurants at the hotel). Students should pack breakfast food to eat in the hotel.

Only one piece of luggage per student. Bring your concert attire on a hanger.

We must have your notarized medical form on file.

Things to Bring:

Casual (dress-code appropriate) clothes for rehearsals.

Toiletries, etc.

Music & Pencil

Water Bottle (not disposable, so you can refill it)

Umbrella

Breakfast food – we encourage you to pack it rather than buy from Opryland.

Money for meals. Most students walk to the Opry Mills Mall and eat fast food for lunches and dinner.

Concert attire. Choir students may choose from:

Long black dress (below the knees when seated; strapless/spaghetti straps not allowed) with black socks/hosiery and dress shoes.

Black, long-sleeve, button-down shirt/blouse and black skirt/dress pants with black socks/hosiery and black dress shoes; Black sport coat/tuxedo jacket optional.



CHORAL MUSIC

WWW.STEWARTSCREEKCHOIRS.COM

All-State Clinic Permission Slip
Please return with payment and Notarized Medical Form
by Friday, March 18

I give my child, _____, permission to travel to the All-State Choir Clinic in Nashville, TN on April 27-29 with the Stewarts Creek High School Choir.

I understand that they will ride the SCHS Activity Bus or an RCS School Bus.

I understand that I must provide transportation home from the Clinic on Friday, April 29:

- I will attend the concerts and take my child home;
- I am unable to attend the concerts, but my child will ride home with

I understand that my child must make up all work missed from these excused absences from class.

I understand that my child must follow all RCS policies and procedures while on this trip.

Parent Signature

Date



Emergency Medical Form/Consent for Medical Treatment of a Minor

Student's Name _____

Address _____

City _____ Zip _____ Grade ____ Sex _____

Phone # _____ Date of Birth _____

Parent's /Guardian's Name _____

Place of Business _____

Work Phone # _____ e-mail _____

Parent's /Guardian's Name _____

Place of Business _____

Work Phone # _____ e-mail _____

Family Physician/Pediatrician _____

Place of Business _____

Work Phone # _____ Fax # p _____

Medical Insurance Company _____

Policy Holder _____ Policy # _____

If hospitalization is needed, please list preferred hospital - _____

Please list any medications currently being taken by student - _____

Please list any special/previous health problems, allergies, or medical conditions that should be considered - _____

Medical Treatment Authorization:

To Whom It May Concern: I (we) being the parent / legal guardian / legal next of kin of

hereby give my authorization for any necessary medical treatment for this person while participating in this Stewarts Creek Choir Event. I request the hospital staff to contact me (or my spouse/ or the other legal guardian) at the numbers provided. In the event that I (or my spouse/ or the other legal guardian) can not be reached, I grant permission to my pediatrician/family physician or the hospital's emergency medical staff to render medical care as deemed appropriate. I also guarantee payment of all charges incurred during the person's treatment (physician, hospital, X-ray, lab, drugs, ambulance, examination, etc.), minor surgery (hospital care, physicians, drugs, X-ray, lab, etc.), and/or hospital care as deemed necessary by a physician. I understand this consent is valid from April 27-29, 2022.

I hereby entrust the care and emergency transportation of the above named person to the duly authorized representative of The Rutherford County Schools.

Mother / Guardian Signature _____ date _____

Father / Guardian Signature _____ date _____

Subscribed and sworn by parent before me on the _____ day of the month of _____

in the year _____.

(Notary Public)

(Notary public's address)

Commission expires: _____