

Middle School Band Night
Parent Permission Form

Please complete this form and return it no later than **FRIDAY, SEPTEMBER 7.**

I do ____ do not ____ wish for my son/daughter to participate in Middle School Band Night on Friday, September 21.

Name _____ Grade _____

Instrument/Section _____

T-Shirt Size (Shirts are **adult**-sized) _____

Buddy request: _____

Please list any medical issues that the band staff should be aware of – this will be kept confidential.

The above student has my permission to participate in Middle School Band Night. I have read the letter attached to this form and understand the guidelines for participation. I understand that marching is a physically demanding activity and will not hold the school district, chaperones or band staff liable for illness or injury sustained during this event.

Parent(s)/Guardian(s) Name(s) _____

Parent/Guardian Signature _____ Date _____

Please list two phone numbers where you or another responsible adult can be reached during the rehearsal and game:

Phone #1 _____ First name: _____

Phone #2 _____ First name: _____