

Field Trip Sponsor Notice:

Complete field trip request information and secure all applicable approvals before distributing permission forms to students. Do not allow a student to participate in the activity unless the official permission form has been completed and returned.

OFFICIAL SEASON PERMISSION FORM FOR MARCHING BAND FALL 2010



Student: _____ ID# _____ Grade: _____

Field study sponsor: Mr. Glen Funderburk, Director of Bands

Date/time of departure: see information for individual events

Date/time of return: see information for individual events

The Season Permission Form may be used for official school travel when the travel is for an approved series of related activities. The Season Permission Form for Marching Band includes travel to official athletic events to include regular season and post-season football games. In addition, the form includes travel to band competitions as approved by Richland School District Two and Blythewood High School. Typically, football games will be on Friday nights and band competitions will be on Saturdays.

It is the responsibility of the student to obtain the appropriate signatures for the permission form, health form and any other materials required by the band director. It is the responsibility of the student to return all completed forms to the designated school representative by published or announced deadlines.

Transportation will be Richland School District Two transportation.

Please read, complete and return the following information by _____ to

_____.

I understand that all district and school rules and regulations apply during the field study.

Student's signature: _____ Date: _____

I am a legal guardian for this student. This student has my permission to participate in the field study as described above, including transportation arrangements. I understand that this form grants permission for a series of activities, not just one activity, and that it is my responsibility to inform the director in a timely fashion should I decide to withdraw this blanket permission for participation in any or all of these activities.

The student is covered by school/personal insurance. I release the district, school and sponsors from all responsibility.

Parent's/Guardian's signature: _____ Date: _____

Insurance company and policy number: _____

Emergency Contact: Name: _____ Number: _____