

TRIP PERMISSION FORM

PLEASE RETURN ON THE FIRST DAY OF BAND CAMP

Dear Parent(s)/Guardian(s):

In accordance with the Marshall County Board of Education Policy, parents must give written approval for their students to participate in school-sponsored trips. Each trip made in whole or in part by the members of the Marshall County High School Band is considered school-sponsored.

By your signature below, you are giving written permission for your child to participate in **ALL** Marshall County High School Band trip during the 2010-2011 school year.

I give permission for my child, _____, to participate in **ALL** related trips as they pertain to the operations of the Marshall County High School Instrumental Music Program during the 2010-2011 school year.

Parent(s)/Guardian(s) signature

DOCUMENT AGREEMENT FORM

I have read the online document on the MCHS Band Website including information on:

- Band Camp Information and Schedule
- Calendar of Events
- Marching and Concert Band Policies

Please return the following forms on the first day of Band Camp:

- Document Agreement Form (This Form)
- Health Form-Notarized
- Trip Permission (This Form)
- DCI Form

I will comply with these documents and will schedule my calendar so that I may participate to the fullest and gain the most from the Marshall Co. HS Marching Marshals. I further understand that an infraction of these rules/policies will affect my position in the Marching Marshals.

Student Signature

Parent/Guardian Signature

Date

Date

PLEASE RETURN ON THE FIRST DAY OF CAMP

Date _____ Present grade in school _____ Date of Birth _____

Student's Full Name _____ Sex M F

Current Address: _____

Street #, RR, Box #

_____ City

_____ Zip Code

Parent of Legal Guardian _____ Phone _____

Nearest Relative _____ Phone _____

(if parents cannot be reached)

Parent's Work Phone: Mother _____ Father _____

Health History (be specific and give dates when possible)

Surgery (within the last 12 months) _____

Serious Medical Problems _____

Diabetes _____ Epilepsy _____

Allergy(s) _____ Tetanus (latest) _____

Any Special Health Problems _____

Allergy to Medication _____

If the student is under medical treatment, or is presently using any prescribed medication please list below.

Family Physician _____ Office Phone _____

THIS FORM MUST BE NOTARIZED AND STAMPED BY A NOTARY

This is my permission for treatment of my child by a physician and at the hospital for any medical or surgical emergency.

Parent or Legal Guardian

Notary (*)

Date

My Commission Expires

Insurance Co. _____ Agreement # _____ Group# _____

DCI TRIP FORM

(This is not a mandatory trip)

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DCI TRIP INFO:

WHAT IS DCI – Drum Corps International is the competition between “Professional Marching Bands” with the bands composed of individuals ranging in age from 14-22. It is the same as a high school football team watching and participating with an NFL team. This trip will be very beneficial for all students allowing them to hear and see what a top notch marching band can do if all the participants give 100% to the organization. Not only will it be an educational event, the students will also see and hear a band perform like they have never seen or heard before. All is welcome and I hope you can join us.

DATE- Friday, July 30th

COST- \$30 per ticket

1. Includes transportation, ticket, and a meal
2. Money is due the first day of band Camp
3. Make check payable to MCHS Band
4. Write this check separate from Band Camp Check.

WHERE- MTSU Stadium, Murfreesboro, Tennessee

SCHEDULE- Will pass out the first day of Band Camp

WHO IS ALLOWED TO GO- **Only students of the Marshall County Band, Certified staff, Band Camp Staff, and Chaperones of the Marching Marshals will be allowed to ride in a school bus.** Parents and other interested persons are welcome to follow in their own vehicles.

___ YES. I intend to go on the DCI trip.

___ NO. I do not intend to go on the DCI trip.

Student's signature

TOTAL NUMBER OF **EXTRA** TICKETS NEEDED: _____

(Do not include the student ticket)