FAYETTEVILLE ORCHESTRA PROGRAM

2019-2020

Parents & Students please sign & print below after reading the class handbook info in the binder. (Return this page to your orchestra teacher)

General Orchestra Media Release Permission:

From time to time the media is invited to orchestra concerts and events. We also take photos for use on the orchestra website and in promoting the orchestra program at school and in the community. Please indicate below if you do, or do not give permission for your child to be photographed for these purposes.

____ I give my consent for my child to be photographed or filmed for inclusion in news, television, newspaper events, on the orchestra website and orchestra program promotions.

General Orchestra Program Field Trip and Events Permission:

All necessary precautions will be taken for the care and supervision of children during trips away from the school building. Beyond this, the school and those supervising these trips and activities are not responsible for accidents or injuries, which may occur. Please indicate below if you do, or do not wish for your child to participate.

___ I give my consent for my child to participate in orchestra events and activities away from the school building.

Parent Name (Print)_____ Phone #_____

Parent Signature _____ Date_____

Student Name (Print)_____Teacher_____

Student Signature_____Date_____

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Letter of Agreement

We have read and understood the obligations and responsibilities as a member of the 2018-2019 Fayetteville High School Orchestras. We agree to follow all the rules and do our part to achieve the goals of the orchestra. We have received a calendar and a copy of the guidelines and expectations, disciplinary actions, grading policy, uniform information, field trip/media release/health information form, and student/parent information sheet for the current school year.

_____ _____

Student (signature) Date

_____ _____

Parent/Guardian (signature) Date

Permission Slip/Health Information

My child, _____ has permission to travel with Mr. Yale, Ms. Haley, Fayetteville Orchestras, and orchestra chaperones, on all orchestra related field trips during the 2018-2019 school year. I understand that all school rules apply to students while on these trips. I also give permission for medical treatment for my child in case of an emergency.

_____ _____ _____

Parent/Guardian signature Print name Date

Health Information

Doctor's Name:_____Phone:_____

Medical or other important information about your child that we may need to know (allergies, asthma, medicines your child takes, etc).

_____

_____

_____

_____

_____

_____

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Student Information

Name:_____ Class Period: _____

Address:_____ City:_____ Zip:_____

Cell/Home Phone:(_____)_____-_____ Grade:_____

Parent(s)/Guardian(s)

Primary contact:_____

Relationship to student:_____

Primary Phone:_____ Other Phone:_____

Email:_____

Secondary contact:_____

Relationship to student:_____

Primary Phone:_____ Other Phone:_____

Email:_____

Best time/Method of contact:_____

Become an Orchestra Parent Volunteer!

_____ I'm interested in being a field trip chaperone this year.

_____ I'm interested in helping at a concert or event this year.

Parent/ Guardian volunteer name & best contact info

Name_____

Contact_____