

GRAFTON HIGH SCHOOL CHOIR CONSENT FORM

Please return this entire page to Adam Qutaishat by the first Friday in September. Thank you!

Student Name

Parent/Guardian Name(s)

Address(es)

City

Zip

Phone Number to call during choral events in case of emergency (list multiple numbers if desired)

SIGNATURES

TRAVEL CONSENT AND MEDICAL CONSENT (REQUIRED): I hereby give permission for my child to (1) travel for, (2) participate in, and (3) be treated by any licensed physician available in the event of any emergency arising while participating in GHS Choral activities for the 2016-2017 school year (September 1, 2016 through September 1, 2017).

Parent/Guardian Signature(s)

Date

Print Parent/Guardian Name(s)

FOR SOLO & ENSEMBLE FESTIVALS: Please complete one/both of these sections so we won't need to later.

PARENT/GUARDIAN TRAVEL RELEASE (IF PARENT/GUARDIAN IS DRIVING)

I, parent/guardian of _____, will be transporting my child(ren) to and from solo & ensemble festivals.

(Print Parent or Guardian Name)

(Parent or Guardian Signature)

(Date)

STUDENT TRAVEL RELEASE (IF STUDENT IS DRIVING)

I, parent/guardian of _____, give permission for my child(ren) to drive themselves to and from solo & ensemble festivals.

(Print Parent or Guardian Name)

(Parent or Guardian Signature)

(Date)