PETERS TOWNSHIP SCHOOL DISTRICT
Music Department Permission Form
School : Peters Twp. High School

_____ ☐ **does** ☐ **does not** have my
Student's first and last names
permission to participate in **<u>The 2022 Kettering National A cappella Festival</u>** at Kettering Fairmont High School in Dayton, Ohio from Friday, November 11 to Sunday, November 13, 2022. School Bus transportation will be provided for all students attending the event.

Departure from School Date/Time: Friday, November, 11, 2022 at 7:30 am
Return to School Date/Time: Sunday, November 13, 2022 at 12:30 pm.
Cost per student: approximately $340.00 (includes registration, classes, hotel, school bus transportation and meals Friday (lunch and dinner) and Saturday (breakfast/lunch/dinner).

Please check one of the boxes below.

☐ **parent will provide transportation to and/or from event, students may not drive themselves***

☐ **Student will ride school bus to and from event**

*When you elect to use parent provided transportation you assume liability during travel to and from the Event and assume the risk for any damage or loss associated with parking at the site.

This field trip supports the District-approved curriculum in the following subject area(s):- Room 100/Choir
This field trip supports the following curricular objectives:- Performance

Special Consideration

<u>THIS SECTION IS REQUIRED</u>
Does your child have any allergies? (circle one) YES NO
If yes, please list:
Does your child take any medications during the school day? (circle one) YES NO
If yes, Please list medication type, dosage and when taken?
I agree that my child CAN self administer any needed medication. AGREED (please circle)
Please list any other trip concerns.

Liability Waiver:
By my signature below, I recognize and acknowledge that there are risks in participating in any activity. Intended to be legally bound, I do hereby release, discharge, and hold harmless the Peters Township School District, its officers, employees and agents, from any liability for any injury to my son or daughter (above named) resulting from any cause whatsoever in connection with the activity listed above.

_____ _____
Signature of parent/guardian Date

In the event of an emergency, contact _____
Phone:_____

NOTES:

Please ensure your child is *dressed* in Room 100 performance (black on black or Black on Red, no jeans, tennis shoes, yoga pants or tshirts) for all Performances. Performance attire to be approved by Mr. Perrotte
Please make arrangements for timely drop off and pick-up.

Students are reminded that they are to follow all school/district rules and regulations as a part of this activity.