

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 **The Total Vocal Trip in New York City, New York from Thursday, March 22, 2018, to Monday, March 26, 2018** (early morning return). Coach Bus transportation will be provided for all students attending the event. Meals, hotel, registration fees and tickets to a Broadway performance are included in the price of the trip. Students should bring money for snacks and souvenirs.

Departure from School Date/Time: Thursday, 3/22/18; Be prepared to leave at 5:00am. **Times may be adjusted.** Parents and students will receive updated notices.

Return to School Date/Time: Monday, 3/26, 2018; Busses will leave NYC at approximately 6:30 pm, on Sunday, 3/27/18. Arrival at PTHS is approximated to be between 2am and 3 am on Monday, March 28, 2018. Times will be adjusted closer to the event.

Please check one of the boxes below.

parent will provide transportation to and from event*

Student will ride coach bus to and from event

*When you elect to use parent provided transportation, **including permitting your child to drive**, you assume liability during travel to and from the study sessions and assume the risk for any damage or loss associated with parking at the site. **If you plan to transport your student to or from New York City you must fill out the separate Travel Release Form.**

This field trip supports the District-approved curriculum in the following subject area(s):- Choir Class

This field trip supports the following curricular objectives:- Performance

Special Consideration

THIS SECTION IS REQUIRED	
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 business casual attire for the Sunday performance (black pants or skirt/dress, shirts may be any color, **no jeans, tennis shoes, yoga pants or tshirts**). Students are reminded that they are to follow all school/district rules and regulations as a part of this activity.