

**WCHS Bulldog Band & Colorguard**  
**Parent Permission Form**  
**2008-2009 Academic Year**

\_\_\_\_\_ Band

\_\_\_\_\_ Colorguard

**Student Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

***In Emergency Notify:***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Family Medical/Hospital**

Insurance Carrier: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

My son/daughter (listed above) has my permission to accompany his/her Band or Colorguard instructor on all off campus events during and outside of school hours for the 2008-2009 academic school year. I understand that West Covina Unified School District personnel will supervise the Band & Colorguard and that every reasonable precaution for the safety of the students will be provided during each trip. Parents will be notified in advance of a scheduled event.

Parents will be notified in the event of student misbehavior or violation of rules set for an off-campus event. Parents will be telephoned and will be responsible for picking up their student from the event and the student can be banned from participating in future events.

In case of emergency, I give permission for the adult supervisor to seek professional medical attention at my expense in the event that I cannot be reached. (Without this authority, the adult supervisor and/or emergency personnel will contact the local police department.)

SIGNATURE (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_