

Somerset Berkley Regional High School Music Department

PERMISSION SLIP

STUDENT'S NAME: _____

TRIP DESTINATION: All Marching Band Activities

TRIP DATES: September 1, 2017 through June 30, 2018

SOMERSET BERKLEY REGIONAL HIGH SCHOOL
625 COUNTY STREET
SOMERSET, MA 02726

To the Principal and Faculty Sponsor,

The undersigned parent / guardian accepts full responsibility for the participation of the above named student in the music department trips designated on the above named dates.

In the consideration of the making of arrangements, including the furnishing of insurance coverage for trips by the Somerset Berkley Regional School District, the undersigned understands and agrees that when the above named student leaves the school grounds to participate in said trip, the SBRHS staff and officials, the SBRHS administration and school committee as well as The Towns of Somerset or Berkley shall not be responsible for any injuries that may occur to the above named student during activities in which he/she may participate while off the school grounds, including loss or other claims arising out of, resulting from or occurring during the trip.

I agree that, if for any reason, there may be an infraction of the rules regarding alcoholic beverages, drugs or behavior by my son or daughter; when decided upon by Mr. David M. Marshall and the Somerset Berkley Regional High School "Blue Raider" Marching Band Staff; then I will be notified and he/she will be sent home with a chaperone at my expense.

I further understand that should this happen; there will be an automatic suspension from school and suspension for the rest of the term from Music Department Activities.

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____

Work Phone: _____

Parent Cell Number: _____

RETURN THIS FORM TO MR. MARSHALL BY JUNE 20, 2017