
**PARKVIEW HIGH SCHOOL BAND
SOCIAL ACTIVITIES PERMISSION FORM
(Band Pool Party, Band Lock-In, and Other Band Social Activities)
2007-2008**

Student's Name: _____ Grade: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home : _____ Work: _____

Pager or Cell Phone: _____

Emergency Contact: _____ Phone: _____

Undersigned, as natural parent or custodial guardian, grants permission for (student's name) _____, a minor and hereinafter referred to as "permittee", to attend PHS Band related social activities in 2007-2008. Should immediate medical attention be needed for the permittee due to either accident or illness, I grant a representative of the Parkview Band permission to obtain such medical treatment as is required. In consideration for permission to attend a Band social activity, I waive any and all claims for myself, permittee, and my and permittee's heirs against the Parkview Band Association, its officers, directors, and volunteers for any injury or illness which may directly or indirectly result from permittee's attendance at or participation in the above described Band social activities. I further certify that permittee is in proper physical and emotional condition to attend and participate in said Band social activity. I understand that should immediate medical attention described above be needed, attempts to notify me will be made as soon as possible but the first concern is the health of my child.

Parent Signature _____ Date: _____