

# BISHOP HENDRICKEN HIGH SCHOOL

## OFF-CAMPUS ARTS PROGRAM PARTICIPATION PARENT/GUARDIAN REQUEST FORM

**ARTS PROGRAM: Marching Band**

**EVENT COORDINATOR: Mr. Jarrod Gorman**

**RETURN THIS FORM BY: February 5, 2010**

**To be completed by parent or guardian:**

STUDENT NAME \_\_\_\_\_

INDIVIDUAL FILLING OUT THIS FORM \_\_\_\_\_

Your child is eligible to participate in school sponsored arts program activities that require transportation to a location away from the school site. These activities will take place under the guidance and supervision of employees from Bishop Hendricken High School throughout the school year. All events unless otherwise noted will depart from and return to the Bishop Hendricken campus. In the possible event that a date may be subject to change, prompt notice will be given to student and the parent/guardian.

Event Date	Location of Event	Report time to BHHS	Depart BHHS	Return to BHHS
<b>3/16</b>	<b>New York City</b>	<b>10:15 am</b>	<b>11:00 am</b>	<b>n/a</b>
<b>3/17</b>	<b>New York City</b>	<b>n/a</b>	<b>n/a</b>	<b>8:00 pm</b>

I request that Bishop Hendricken High School allow my child \_\_\_\_\_  
*student name*

to participate in the above cited activities. I understand that these activities are a valid extension of Bishop Hendricken High School academic, extra-curricula and/or co-curricular programs. In consideration for making of arrangements for this activity by Bishop Hendricken, I hereby release and save harmless any and all personnel of the school from any and all injuries, loss, or other claims arising out of or resulting from this activity. I also understand that my son must comply with all school regulations as outlined in the Student/Parent Handbook as well as other specific rules and regulations in regard to this particular event or activity. Also, I hereby authorize the school or its agents to take my son for medical treatment in the event of an emergency in which neither parent nor guardian(s) can be reached. I authorize any licensed physician or medical center to treat my son.

\_\_\_\_\_  
**Printed Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Work Phone (Father)**

\_\_\_\_\_  
**Home Phone (Father)**

\_\_\_\_\_  
**Cell Phone (Father)**

\_\_\_\_\_  
**Work Phone (Mother)**

\_\_\_\_\_  
**Home Phone (Mother)**

\_\_\_\_\_  
**Cell Phone (Mother)**