

MINOOKA COMMUNITY HIGH SCHOOL
BAND CAMP 2009 CONSENT FORM

Parent and/or Legal Guardian Name(s): (please print)

Student's Name: (please print)

We as Parent(s) and/or Legal Guardian(s) of the student named above consent that said student may accompany the Minooka Community High School Band to Band Camp at Eastern Illinois University in Charleston, Illinois departing on Sunday, July 26, 2009 and returning on Thursday, July 30, 2009, and take part in all functions and aspects of Band Camp.

We agree to give the Band Director, Mr. Anderson, and the Assistant Band Director, Ms. Filice full authority to take whatever action deemed warranted regarding our student's health, safety and welfare. This authority will permit Mr. Anderson and/or Ms. Filice, at their discretion, to place our student, at our expense, in a hospital for medical services and/or treatment, or to place our student in the hands of medical personnel for examination and/or treatment, or to arrange for our student's return home for medical treatment. We understand that in the event of any of the above circumstances we will be notified immediately.

We agree to give Mr. Anderson and/or Ms. Filice full authority to terminate our student's participation at Band Camp for failure to maintain program standards or if our student's conduct or acts is deemed detrimental to or incompatible with the interest, harmony, comfort or welfare of the group as a whole. We understand that in this event we will be asked to travel to Eastern Illinois University to transport our student home with no refund of Band Camp fees.

Parent(s) and/or Legal Guardian(s) signature:

Date:
