

Permission to Travel

2009-2010 Season – John T. Hoggard High School Band & Color Guard

Name of Student: _____

Birthdate: ____ / ____ / _____

Name of Parents: _____

Home Phone: (_____) _____

Mother work Phone: (_____) _____

Father work Phone: (_____) _____

Cell/pager numbers _____

I give my child permission to travel with the John T. Hoggard High School Band on all school sponsored band trips and activities during the 2009-2010 school year. I agree not to make any claim, suit or demand against New Hanover County Schools and supervisor for any injury or damage incurred on account of participation in the said trip and related activities. Further, I hereby grant permission for school personnel to take such action as may be required in case of emergency, understanding that every effort will be made to contact parents/guardian prior to exercising this authority.

(Parent / Guardian Signature):

_____ Date: _____

(Parent / Guardian Signature):

_____ Date: _____

Additional Comments:
