

# *Somerset Berkley Regional High School Music Department*

## **PERMISSION SLIP**

**STUDENT'S NAME:** \_\_\_\_\_

**TRIP DESTINATION:** All Winter Percussion Ensemble and Winter Color Guard Performances

**TRIP DATES:**     **February 12, 2012 – Bishop Hendricken High School**  
                          **February 25, 2012 – Dartmouth High School**  
                          **March 3, 2012 – King Philip Regional High School**  
                          **March 17, 2012 – Mansfield High School**  
                          **March 25, 2012 – Shepherd Hill Regional High School**  
                          **March 31, 2012 – Reading High School NESBA WCG Championships**  
                          **April 1, 2012 – New Bedford High School (Percussion Only)**  
                          **April 7, 2012 – Dartmouth High School NESBA WP Championships**

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 trip designated on the above named dates.

In the consideration of the making of arrangements, including the furnishing of insurance coverage for the trip by the Somerset Berkley School Department, the undersigned understands and agrees that when the above named student leaves the school grounds to participate in said trip, the Somerset Berkley Regional High School staff and officials, the Somerset Berkley Public Schools 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 or any of the Percussion/Guard 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:** \_\_\_\_\_

**Cell:** \_\_\_\_\_