

**COBB COUNTY SCHOOL DISTRICT
PARENTAL CONSENT**

**For
ATHLETIC TEAM, BAND, ORCHESTRA, CHORUS, and/or ANY
OTHER SCHOOL SPONSORED FIELD TRIPS**

Consent

I hereby consent for _____ (student's name) to participate in athletic team, band, orchestra, chorus, and/or any other sponsored field trips. I understand that transportation may or may not be provided by the Cobb County School District. In the event transportation is not provided by the Cobb County School District, transportation will be the student's responsibility.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

Waiver and Release

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment, if any.

Signatures of parents(s) or guardian(s): _____

Parent's Name: _____ Date: _____

Home Number: _____ Work Number: _____

Cell Number: _____

STUDENT SHOULD FILL OUT AND SIGN BELOW:

(Please Print Clearly)

Student's Name: _____ Year: _____

Students Address: _____

City: _____ ZIP: _____ Home Phone: _____

Instrument: _____

I have read the Rules and Regulations and the Rehearsal/Performance Schedule concerning Lassiter Band activities and understand my obligations as a band member.

Student Signature: _____ **Date:** _____