# Mount View Middle School Club Permission Form

***“Singin’ at the Mount”***

**Teacher in Charge: Ms. Bramm**

**Dates: Tuesday, 10/12 to Tuesday, 12/12**

**Time: 2:30 – 3:30 pm**

**Space is limited to the first 20 students per ensemble who return this permission slip.**

**Important Details: Two ensembles, one of all female 6-8th graders, and one all male 6-8th graders that rehearse on alternating weeks. Students do not have to be in chorus during the school day. No audition required.**

I grant permission for ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in *“Singin’ at the Mount”*  at the times and dates listed on this form. By granting permission, I agree to the following:

* I will pick up my student promptly at the end of each session.
* Parent or Guardian assumes all risks in connection with the student’s participation in all (PTA or MVMS) activities.
* MVMS employees, Maryland State PTA officers and agents are released and discharged from all liability for any damage, loss or injury to the student’s property, or parent’s property in connection with participation in these activities, unless caused by negligence of the employees.
* The above named minor is in good health. In the event of illness or injury, permission is granted for emergency treatment to be administered. It is understood that and agreed that the undersigned will assume full responsibility for any such action, including all costs associated with such emergency treatment.
* The above named minor has the following allergies, medicinal reactions, or unusual physical conditions which should be made known to a treating physician or which could limit participation:

(If none, please write none.)

Parent/Guardian Printed Name Signature

Preferred Phone Number Secondary Phone Number

Parent/Guardian email