



Heritage
CHRISTIAN ACADEMY

**Jazz Band and Vocal Jazz
Permission to attend events throughout
the 2016/2017 School year**

(Child's Name - Please Print)

has permission to attend events/performances/extra rehearsals throughout the 2016/2017 school year for Jazz Band and Vocal Jazz

(Parent/Guardian Signature)

Date

Please submit signed form by Thursday, March 23

(Clip & retain for your records)

Dear Parents,

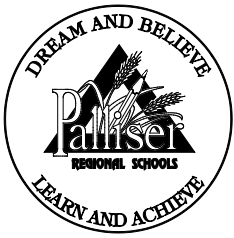
As part of the Jazz band and Vocal Jazz program that your child has chosen to participate in, there are several events and extra rehearsals throughout the year that they are invited to attend and be a part of. Please sign and have your child return this form as your permission to attend this event as well as any others between now and the end of the 2017 school year.



If you have any questions, please do not hesitate to contact us.

Torri Airhart

torrance.airhart@pallisersd.ab.ca



PALLISER REGIONAL SCHOOLS
Informed Consent/Permission Form
for Minor Tours

DETAILS OF TOUR

Nature of Tour: Jazz Band and Vocal Jazz Events for the 2016/2017 school year

Date: Sept/16 – June/17

Time: Leave: TBD

Return: TBD

Destination: TBD

Summary of Activities (Itinerary Attached): Musical Performances and extra rehearsals as required

Supervisor(s): Torri Airhart

Transportation Arrangements: Transportation will be based on the event. Either school bus or responsible for finding their own way to the event.

Contact Person: Torri Airhart

Email: torri.airhart@pallisersd.ab.ca

ELEMENTS OF RISK

Educational activity programs such as on/off campus performances & extra rehearsals involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in Performances.

1. Vehicle related incident
2. slipping & tripping
3. _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student or the School Board, Heritage Christian Education Society Board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Performances on Dates to be determined, you must understand that you bear the responsibility for any injury that may occur.

The Board of Trustees of Palliser Regional Schools has invested in IAP Student Accident Insurance, with enhanced coverage for the school year. This provides insurance coverage for all students, teachers and non-teachers on Palliser staff from the time they leave their residence to travel to school to the time they arrive at their residence (or their first destination) after school. This coverage also applies during approved and supervised school trips/activities.

ACKNOWLEDGEMENT

We have read the above. We understand that by participating in the activity described above, we are assuming the risks associated with doing so.

Signature of Student

Date

Signature of Parent/Guardian

Date

PERMISSION

I give _____ (name of student) permission to participate in the _____
_____ Performances _____ to be held on or about _____ Dates TBD _____

Signature of Parent/Guardian

Date