Cobb County School District **Form IFCB-6**

A community with a passion for learning!

PERMISSION TO PARTICIPATE IN OVERNIGHT TRIPS

Student's Name: (PLEASE PRINT): _____

This permission form has been signed only after understanding and considering the following:

1. Trip Planned: [Describe the trip planned, including the place to be visited, and the dates, times and places of departure and return.]: Band Camp is to be held at LaGrange College in LaGrange, GA. Students arrive on campus on Sunday, July 20, 2008 and will be picked up by their parents on Friday, July 25, 2008. Student leaders report on Saturday, July 29, 2008.

2. Purposes of Trip: [Describe the purposes of the trip.]:
Band Camp is a time to learn band and guard routines as well as to build musical skills.

3. Supervision: [Describe the supervision to be provided throughout the trip.]:
Band and Guard Directors, Musical Instructors, parent chaperones

4. Transportation: [Describe the method students will be transported.]:
Parents are responsible for drop-off on July 20 and pick-up on July 25, 2008. School buses and vans will be used during the week.

5. Requirements: [Describe any special requirements (e.g. ability to swim) which are imposed on students who participate, including bringing certain items on the trip (e.g., life jacket).]:
Participate in marching activities, rehearsals, and social activities; instrument required as well as bedding, towels, comfortable/cool clothing, hat, sunscreen, and comfortable shoes.

6. Expectations and Instructions: [Describe expectations and instructions. If there are unique dangers, mention the dangers (e.g., because of the danger of drowning, the student is expected to wear a life jacket at all times.)]:
Follow all Cobb County School Guidelines

I understand the above expectations/special instructions and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors.

7. Insurance: I understand that the Cobb County School District (District) does not or may not carry any insurance relative to the trip, including the cost of the trip, or for injuries to the student. I represent that the student has insurance either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT):_____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate. I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation.
If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisors(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.
I agree to release, indemnify, and hold harmless the Cobb County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trip, including but not limited to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

_____	_____	_____
Name of Student (PLEASE PRINT)	Signature of Student	Date
_____	_____	_____
Name of Parent/Guardian (PLEASE PRINT)	Signature of Parent/Guardian	Date

Home Address: _____

Telephone: Home: _____ Cell: _____ Work: _____