

TrebleMakers Chorus Permission Form

No child may stay and participate without one completed.

Please print clearly and bring this form with you to your first rehearsal.

My child _____ is interested in participating in the TrebleMakers Chorus for the 2016/2017 school year.

Grade (circle one): 2nd 3rd 4th 5th

School (circle one): Brooks Columbus McGlynn Roberts

My son/daughter, _____ has my permission to be a member of the TrebleMakers Chorus. And I agree to arrange transportation for them to and from the Brooks School from 3:00 – 4:00PM on Monday afternoons.

Student _____

Parent/Guardian _____

Address _____

Home Phone# _____ Cell Phone# _____

E-mail _____

Please provide the following information:

Any known allergies _____

Emergency contact name _____

Emergency contact number _____

Parent/Guardian Signature _____ Date _____