

PARENT TRAVEL CONSENT FORM
For participation in TCGC Championships San Marcos Trip
As a member of the William B. Travis High School Band

Faculty Sponsor: Brad Huneycutt

Student: _____ **Grade Level:** _____

Address: _____ **Home Phone:** _____

Parent's Name: _____ **Cell Phone:** _____

Alternative Contact: _____ **Cell Phone:** _____

The above-named student has my consent to travel to and / or from the **TCGC Championships in San Marcos from March 26-27, 2010** including all errands and activities related to these events. The mode of transportation may be by airplane, FBISD or commercial bus, a private vehicle driven by school personnel, or a parent chaperone.

I understand that the student may not be chaperoned/supervised while in route to or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations when participating in Travis Band activities. I understand that any student who does not conduct himself/herself properly may be (1) sent home at the parent's expense, (2) prohibited from participating in future activities of this organization, and (3) subjected to other appropriate disciplinary measures.

I agree to, and hereby release Fort Bend Independent School District and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency and with the approval of the sponsor or another FBISD employee, I give my approval and authorization for the first aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information will be on file with the faculty sponsor in case of an emergency. Please make sure the information on the FBISD Travis Band Medical form is current and up to date.

Compliance with the above-described restrictions will be the responsibility of the Student and not FBISD or any of its agents, trustees, volunteers, or employees. The Student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

This form must be signed and returned to the sponsor before the student will be permitted to participate in the TCGC Championships.

Date

Signature of Parent

Signature of Student
