

Marysville Public Schools  
**PARENT/GUARDIAN CONSENT**  
**FRESHMEN BAND CAMP**

I/We, \_\_\_\_\_, the undersigned, being the parents/guardians of  
\_\_\_\_\_, give our consent and authorization as follows:

Name of Student

1. That my son/daughter be allowed to participate with the Marysville Freshmen **Band Camp, August 24-August 27th and August 31-September 3. noon - 3:00 pm**
2. **All rehearsals and activities are outside. Students will wear masks when instruments aren't being played.**
3. **STUDENTS ARE REQUIRED TO ATTEND ALL REHEARSALS!!**
4. That the school authorities and assigned chaperones shall have the right to take my son/daughter temperature and follow proper protocols for the safety and well-being of all participants.
5. For the safety of all, students will be required to bring their water bottles. Students will only touch their instrument and not share with peers.
6. All school code-of-conduct rules apply.

Student Medical/Health Information: \_\_\_\_\_

Medical Insurance Co. & Policy #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

Phone # where parent can be reached during band camp hours: \_\_\_\_\_

Alternate Contact Person for Emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_