



Charlotte Concert Band Musician for a Lifetime Permission Form

I hereby certify that my son/daughter, _____,
has my permission to attend the Charlotte Concert Band Musician for a Lifetime events. I
further certify that my son/daughter will attend all of the rehearsals and the concert according
to the following schedule:

Tuesday, April 21

Rehearsal at Pritchard Memorial Baptist Church
1117 South Blvd./Charlotte
7:15 PM-8:15 PM

Tuesday, April 28

Rehearsal at Pritchard Memorial Baptist Church
1117 South Blvd./Charlotte
7:15 PM-8:15 PM

Sunday, May 3

Pre-Concert Rehearsal and Concert at Knight Theater
430 S Tryon St, Charlotte, NC 28202
1:45 PM-7:00 PM

I understand that my son/daughter must follow standard rules of behavior, consistent with the
policies of my school (no possession or use of alcohol, narcotics, weapons, etc.). I further
understand that behavior that is detrimental to the rehearsal process may result in the student's
dismissal from the CCB Musician for a Lifetime events.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____



MEDICAL RELEASE FORM

I, parent of guardian of _____, give my permission to the President of the Charlotte Concert Band; or his/her designee, to act as guardian in the event of an accident involving my child and I am not able to be contacted. Also, in the event of an emergency, he/she has my permission to consent to any attending physician to administer to my child any medications or perform any treatments that he/she deems necessary for the proper care and well-being of my child.

In consideration for the services performed by Charlotte Concert Band and the officers, members and agents of Charlotte Concert Band while facilitating the *Musician for a Lifetime* events, the aforementioned parties are herewith released from liability for all actions taken in good faith during the events.

Student: _____ **School:** _____

Parent/Guardian: _____ **Date:** _____

Parent/Guardian signature: _____

Please list any medications your child is taking or conditions of your child:

Photography Release

The Charlotte Concert Band sponsors the Musician for a Lifetime events in which students are may be photographed or videotaped. We are requesting to use these images on our website: www.charlotteconcertband.org or in promotional publications, including the Charlotte Concert Band Facebook page. No last names will be used in these publications. If you would give such permission, please fill out the form below. Likewise, if you do not consent, we ask that you mark the appropriate statement below and return with the medical release form.

Name: _____

School: _____ **Band Director:** _____

I am the parent/legal guardian of the child above. I agree to the following:

___ I **DO** give permission for my child's image to be used on film, videotape, or website as he or she participates in the Charlotte Concert Band Musician for a Lifetime events. No last names will appear on any materials.

___ I **DO NOT** give permission for you to include my child's image on film, videotape, or website as he or she participates in Charlotte Concert Band Musician for a Lifetime events.

Signature of parent/legal guardian: _____ **Date:** _____