

# The Villages<sup>®</sup> High School

- ☒ OFF  
☒ ON CAMPUS  
☒ OVERNIGHT

## ON OR OFF-CAMPUS SCHOOL ACTIVITY

### PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Student: _____	School: <b>THE VILLAGES HIGH SCHOOL</b>
Club/Group/Class: <u>Band Students- Fall Master</u>	Supervising Faculty Member: <u>A. Deen</u>
Activity: <u>see attached calendar</u>	
Location: <u>see attached calendar</u>	
Date and time of Event: <u>see attached calendar</u>	
Method of Transportation: <input checked="" type="checkbox"/> School Bus <input checked="" type="checkbox"/> Charter Bus <input checked="" type="checkbox"/> School Vehicle <input checked="" type="checkbox"/> Private Car <input checked="" type="checkbox"/> Walk <input checked="" type="checkbox"/> School Van	
Transportation: <input checked="" type="checkbox"/> Other - Students are expected to find their own transportation to the event	

### PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to ***the field trip listed above*** for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, their agents, employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on ***the field trip listed above for*** the days indicated above.
- I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.
- I/We further agree to indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that occur will be solely the responsibility of the involved child and their parents or legal guardians.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child."
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary from the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/We have not been advised or informed by anyone to the contrary.
- I/We further agree to inform that the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

#### My Student has medical insurance:

☐ No ☐ Yes Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Home Address/City/Zip \_\_\_\_\_

EMERGENCY TELEPHONE # \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

Cell Phone/Pager # \_\_\_\_\_

### PARENT/GUARDIAN SIGNATURE

**THIS BOX MUST BE COMPLETED BY PARENT ONLY IF STUDENT IS GOING OVER 100 MILES FROM SCHOOL CAMPUS OR OVERNIGHT! (THIS BOX MUST BE FILLED OUT IN THE PRESENCE OF A NOTARY)**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

NOTARY STATEMENT: STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ of \_\_\_\_\_ 2017, before me personally appeared \_\_\_\_\_, satisfactory evidence to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal: \_\_\_\_\_

[seal]

Do not use this list as a master calendar for band events. Always check the Charms calendar for the live calendar. The following list ONLY includes off-campus events.

## 2017

Date	Venue	Description	Time
September 8th	Pierson Taylor	Football @ Pierson Taylor	7:00PM Kick
September 15th	TBA	possible football game	TBA
September 16th	East Ridge MS	All-State Band Auditions	Optional <i>Required for Fine Arts Seniors</i>
September 22nd	Lecanto HS	Football @ Lecanto	7:00PM Kick
September 26th	The Sharon PAC	Fall Concert	7PM Downbeat
September 15th	Lake Okahumpka Park	4th Annual Band Fall Picnic <i>Optional</i>	4-8PM
October 3rd	Spanish Springs	Italian-American Parade	3:30PM Step Off
October 6th	Umatilla HS	Football @ Umatilla	7:00PM Kick
October 7th	Leesburg HS	Central Florida Marching Arts Invitational	All Day (prelims & finals)
October 17th	Spanish Springs	Oktoberfest Parade	3:30pm Step Off
October 20th	Keystone Heights	Football @ Keystone Heights	7:30PM Kick
October 21st	West Port HS	Ocala Marching Band Festival	7:00AM
November 3rd	The First Academy	Football @ First Academy	7:00PM Kick
November 11th	Riverview HS	Fall Music Games	7am-10pm
November 18th-19th	Tropicana Field St. Petersburg, FL	FMBC Championships	11/18 @7am- 11/19 @10pm <i>overnight trip</i>
November 28th	Bellevue HS	All-District Concert Band Auditions <i>Optional</i>	Evening