

**PLEASE FILL OUT COMPLETELY AND RETURN
THE WEEK OF SEPTEMBER 13th.**

Student Name: _____

_____ I have read and understand the guidelines of the Waverly Orchestra Program as outlined in this packet. My signature on this sheet represents my willingness to adhere to these procedures, attend all performances, and be a productive member of this organization.

Student Signature _____

Date _____

(Please Circle One) I **give/do not give** consent to the director/school district to use photos (captioned with first name only) of my orchestra activities on the Waverly Orchestra website.

_____ I give permission for Mrs. Spurbeck to transport my student to an elementary school to perform for other students during the school day should the opportunity become available.

Parent Signature _____

Date _____

Parent Email _____

Student Email _____

Daytime Phone _____

Evening Phone _____

Best time to reach you: _____

Is there anything I need to know to better teach your child?