

# 2024-2025 TCHS CHORAL DEPARTMENT ACKNOWLEDGEMENT FORM

*Parent/guardian, please read and initial each section.*

## CONTACT INFORMATION

\_\_\_\_\_ My child or myself has logged in to **CHARMS** and supplied the needed contact information. I understand that **all future correspondence** related to TCHS Choir will be sent to the e-mail addresses on file with CHARMS.

## SYLLABUS CONSENT

\_\_\_\_\_ My child and I have read and understand the policies outlined in the **course syllabus** and agree to abide by these policies as members of TCHS Choir.

## FINANCIAL CONSENT

\_\_\_\_\_ I understand the **financial obligation** required to be a member of the choral department is \$100. I intend to pay by March 1<sup>st</sup>, 2024.

## PHOTO CONSENT

\_\_\_\_\_ I give permission for my child's name and photo to appear on the **choral department website**.

## FIELD TRIP CONSENT

\_\_\_\_\_ I, the undersigned, hereby grant the above named student permission to participate in school sponsored activities as a member of the TCHS Choral Department during the 2024-2025 school year. I certify that I am the parent or legal guardian of the above named student at Tuscaloosa County High School and grant permission for him/her to participate in any choral music field trip or activity. TCHS and the Tuscaloosa County School System has my full permission and consent to transport and otherwise provide transportation for my child by any appropriate means of transportation in connection with school work and or extra curricular activities. I agree with all board policy code of conduct rules and agree that my child will abide by them. I agree if my child acts in a careless manner and sustains any injury, I hold no one responsible. Director or chaperones have my permission to acquire any medical attention deemed appropriate by medical personnel should my child become ill or sustain injury. I authorize any necessary medical treatment to include the administering of any medication as prescribed by the doctor in attendance for this student while on a trip with the TCHS Choral Department. I also guarantee payment of all charges incurred during the treatment. This permission shall be effective for the current school year for any academic, cultural, or other applicable events thereof.

Parent/Guardian Name (Please print) \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please sign and return by August 15, 2024*