

SINGING IN WISCONSIN FESTIVAL

November 10, 2018

PERMISSION FORM

To: Katelyn Peterson, State Chairperson

My son/daughter _____ has permission to attend the WCDA
“Singing in Wisconsin” festival on Saturday, November 10, 2018.

I understand that the students will be properly chaperoned at all times.

I understand that if my son/daughter requires medical treatment, a WCDA committee member will try to contact the parent/guardian.

I will not hold any WCDA member or WCDA/ACDA liable or responsible for any malpractice in case of accident or treatment.

My permission is also given for my child to receive emergency medical treatment in case of injury or illness. This treatment includes non-life threatening (band-aids) to lifesaving emergency care (broken bones, allergic reactions, etc.)

I further understand that if my son/daughter is involved in any discipline problems, he or she will be treated as if attending regular school activities on campus. Any infraction will result in the student being sent home at the student’s/parent’s expense.

I understand that photographs will be taken at this WCDA event for publication in WCDA “Singing in Wisconsin” festival brochures and/or any other WCDA publications.

I have read the above information and fully understand and agree with the content of this form.

Signature of Parent/Guardian _____ Date: _____

Signature of Participant _____ Date: _____

**BOTH SIDES OF THIS FORM MUST BE COMPLETED AND TURNED IN AT THE
“SINGING IN WISCONSIN” FESTIVAL REGISTRATION TABLE ON
NOVEMBER 10, 2018, IN ORDER TO PARTICIPATE IN THE FESTIVAL.**

