

**Civic Youth Orchestra  
Excursion Permit**

*Please print information except signatures*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Activity: **2009 Symphony Retreat**

Mode of Transportation: Bus

Date: September 5 – 7 2009

Depart from: TBD

Return to: Own Home

Supervising Adults: Kathryn Rodriguez, General Manager; Robert Gilson, Conductor

Dear Parents/Legal Guardian

The supervising adults in charge will take all reasonable precautions in planning and carrying out this trip to ensure the safety and welfare of your child. Students are expected to conduct themselves in a manner that reflects pride in themselves and Civic Youth Orchestra. Students are expected to follow all rules and directions provided by the supervising adults.

All persons making the excursion shall be deemed to have waived all claims against Civic Youth Orchestra, Inc., their officials, employees, and agents, from and against any and all liability for injury, accident, illness or death occurring during or by reason of the excursion.

\_\_\_\_\_ has my permission to take part in the  
(student's name)

Civic Youth Orchestra sponsored **2009 Symphony Retreat**

\_\_\_\_\_  
(date) (signature of parent/legal guardian)

(\_\_\_\_\_) \_\_\_\_\_  
(phone number) (relationship to student)

(where you can be reached between September 5-7 2009)

Alternate name and phone number to be used if you can not be reached:

\_\_\_\_\_  
(name) (relationship to student) (phone number)

Witnessed By: \_\_\_\_\_

At: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note any additional non-medical information of which the supervising adults should be aware:**