

**CATHEDRAL CITY HIGH SCHOOL BANDS  
INFORMATION AND AUTHORIZATION FORM**

**PLEASE PRINT LEGIBLY!!!**

**Student Name:** \_\_\_\_\_  
**Student Address:** \_\_\_\_\_  
**Mailing Address (If Different From Above):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Mobile Phone (Emergencies Only):** \_\_\_\_\_  
**Student Email (If Applicable):** \_\_\_\_\_  
**Counselor:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Instrument (Includes Flag):** \_\_\_\_\_  
**Other Instruments (If Applicable):** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Mother Address (If Different):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Mother Email (If Different):** \_\_\_\_\_  
**Mobile Telephone (Emergencies Only):** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Father Address (If Different):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Father Email (If Different):** \_\_\_\_\_

**Mobile Telephone (Emergencies Only):** \_\_\_\_\_

**AUTHORIZATION:** Understanding that all activities undertaken by the Cathedral City High School Bands are designed to have educational and cultural value, I therefore give my permission for my son or daughter to participate in all rehearsals, performances, and activities approved and undertaken by the School District Administration and Cathedral City High School Band Booster Organization.

In the event of illness or injury, I do hereby consent and will assume financial responsibility to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I will be notified by the Director of Bands or appointed representative as soon as possible.

As stated in the California Education Code Section 35330, I understand that I hold the Palm Springs Unified School District, its officers, agents, and employees, harmless from any and all liability or claims, including bodily injury, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are expected to conduct themselves in a responsible and reasonable manner while participating in all aspects of the Cathedral City High School Band Program. I understand that Band is an academic course, and for my child to be successful FULL participation in ALL scheduled rehearsals, practices, and performances is mandatory for successful course completion and maximum performance opportunities. Serious violation of the Band Program rules or regulations will result in the individual being sent home at the parent's expense.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone