



STUDENT NAME (PRINT)

STUDENT ID#

TRYOUT PERMISSION FORM

PARENT

I give my child, _____ permission to attend Color Guard Tryouts / Auditions at Downey High School. I understand that the coaches and school will not be held responsible for injuries or accidents that may occur. I also fully understand my financial responsibility, if my child makes the Color Guard team. I will make arrangements to transport my child to and from the school.

(Parent's Signature)

(Date)

STUDENT

I understand that if I make the Color Guard team I must attend Summer Rehearsals, Band Camp, Weekly Rehearsals, Field Show Competitions, Parades, Football Games and any other activity the Band Directors and staff schedule the team to attend. I will do my utmost to attend all rehearsals and will follow all rules and procedures that go along with being a member of the Downey High School Marching Band and Color Guard.

(Student's Signature)

(Date)

Students E-Mail: _____ Parent Email: _____

Parent Email: _____