

Cox High School Band
Student Information Waiver
2019-2020

I, _____, parent of _____, understand the intent of the release of my phone number, address, and e-mail address for use of contact is for the private use by the Cox High School Band Program and will not be used for any other means of communication. I also understand my child will be photographed for use in the various programs and materials promoting the Cox High School Band Program.

Initial in the blanks beside each statement.

_____ I agree to have my phone number, address, and e-mail address used for the communication within the band program.

_____ I agree to allow my child to be photographed for the various materials related to the Cox High School Band Program.

Parent Signature _____

Parent Printed Signature: _____

Parent/Guardian email: _____

Date _____