

Greece Central School District – Blue Knights Marching Band

Permission Form Revised 02/09

I have read, understand, and give consent for:

(please print band members name)

to be a member of the Greece Marching Band. I give my permission for my son/daughter to attend rehearsals, make trips and participate in all events associated with the band throughout the year.

Parent/Guardian:

(signature)

(date)

Student:

(signature)

(date)