

LONG Bay YOUTH SYMPHONY FALL Retreat

My child has my permission to participate in the Long Bay Youth Symphony Fall Retreat at the Band Hall at Coastal Carolina University. It is understood that my child is under LBYS supervision but neither the orchestra nor those in charge shall be responsible in case of an accident. It is understood that my child is not to leave the Coastal Band Hall during the duration of our stay. I will drop off my child at the Band Hall at Coastal Carolina University (120 Winyah Road, Conway) at **9:00 AM**. I will pick up my child at the conclusion of our day at **4:00 PM**.

I give permission for my child to receive medical treatment if necessary. I will not hold the Long Bay Symphony responsible for any injuries incurred during this retreat.

Date of Retreat: Saturday, September 17, 2016
Retreat Registration: 9:00 AM; rehearsal starts at 9:30 sharp!

Name of Student _____

Parent/Guardian Signature _____ Date signed _____

Telephone number (in case of emergency) _____