Dear Parent/Guardian

RE: Junior & Senior Band

This letter invites your child to participate in the Mount Lilydale Mercy College Junior and Senior Band. Regular rehearsals take place every Tuesday afternoon 3.30 – 4.30pm (Junior) and 3.30 – 5.00pm (Senior); practice commences Tuesday 3 February 2015 for Seniors only. Junior band practice will commence Term 2. The Junior and Senior Band is an excellent opportunity for your child, as a beginner musician, to participate in a year long program and play with other students under professional guidance. This ensemble will participate in a number of concerts throughout the year.

Practice details are as follows:

Teacher: Ms Kathy Elston
Day of the week: Tuesday 3.30 - 4.30pm (Junior) 3.30 - 5.00pm (Senior)
Venue: Music Room SLR1.2
Cost: Rehearsals are paid for by the College

We invite your child to take advantage of this exciting program and should you give permission for them to attend please sign the Permission Slip attached and return it to Mrs Sharon Flint at the SLR Music Office. Your child is required to read and sign the Commitment Slip.

Should you have any queries please do not hesitate to contact Mrs Sharon Flint in the Music Department on 9739 2217.

Yours sincerely

Ben Brice
Arts Faculty Leader

Mr Michael Johnston
Deputy Principal-Director of Students
PERMISSION SLIP – Junior/Senior Band

I give permission for _____________________ (insert name) of ____________ (insert class) to attend the College Junior / Senior Band practices on Tuesdays between 3.30 – 4.30(junior) or 3.30 – 5.00(senior), and other times that may occur.

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion or activity to:

- Consent to receiving medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident;
- Administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident.

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

Emergency Details:

Medicare Number: ______________

Contacts:  
Mother Business: ______________ / Mobile:
Father Business: ______________ / Mobile:

Please list any specific medical conditions that should be noted:  .................................................................................................................................
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Signature of Parent/Guardian: ________________________________________________
Date: ______________________________

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Student Commitment Slip – College Junior/Senior Band

I ________________________________ (insert name) understand that College Junior/Senior Band is a year long commitment and that to the best of my ability, I will:

- Attend all practices,
- Cooperate at all times with the ensemble director and other teachers, and
- Participate in all the concerts and liturgies at which the ensemble is booked.

Signed: __________________________ (Student)
Date: ____________________________

Please return to: Mrs Sharon Flint at the SLR Music Office

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