



Permission and Ticket Ordering



Participation Requirements: All participants must purchase a ticket and attend all in-school rehearsals. If anyone needs assistance with payment, please contact Mr. Suhr.

Purchasing Tickets: Please fill out the form below in order to purchase tickets for your child(ren), his/her accompanying adult, and/or any other guests that will attend. If you wish to purchase tickets ONLY for guests and do not have a child that is participating, simply fill out the ticket ordering part of the following slip and leave the rest blank. Any ticket orders turned in after May 22nd are not guaranteed participation or grouped seating.

Somerset Patriots Ticket Purchase and Permission Slip

Name of Student _____ Name of Parent/Guardian _____

Check one: I will pick up my child(ren) following the performance.

Another adult, _____ (Phone Number: _____), will pick up my child(ren) following the performance.

Emergency Contact Phone Numbers: (Cell Phone Preferred)

1. _____ 2. _____ (alternate)

Recipient of Ticket	# of Tickets
Singer(s)	
Guest(s)	
Total # of Tickets	
Total Cost (# of tickets x \$8.50) - enclosed (cash or check to "François Suhr")	

Statement of Permission: I give my child(ren), _____, permission to sing at the Somerset Patriots game on June 17, 2015 at 7:00 PM. I understand that the Somerset Patriots may record or take pictures of the performance and give permission to the Somerset Patriots to broadcast or use pictures of my child's performance over TV, radio, and/or the internet.

I understand that all performers **MUST** purchase a ticket and that attendance at all rehearsals is required for participation. The adult I specified above will meet my child at the game following the performance at which time the school's chaperones are no longer responsible for my child.

Parent/Guardian Signature: _____ Date: _____

Due to Mr. Suhr no later than Friday, May 22nd!

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Name of Student: _____ **Date:** _____

Destination: Somerset Patriots - TD Bank Ballpark
Purpose: To sing the National Anthem at the baseball game.

Date of Trip: 6/17/15 **Cost:** \$ 8.50
Time of Departure: 6:00 P.M.
Time of Return: 7:00 P.M.

Teacher in Charge: Francois Suhr
Method of Transportation: Parent/Guardian is responsible for the transportation of their child(ren).

Students who participate in any field trip are the representatives of the Summit Public Schools. As such, students' personal appearance and behavior are expected to be consistent with the high standards that exist for our student population.

It is understood that students are under the jurisdiction of the school for the entire trip and, therefore, all school policies and procedures apply. These include the following:

1. Full cooperation with teacher and parent chaperones is expected.
2. Any use or possession of alcohol or drugs will not be tolerated. Penalties for violation of existing Board of Education policies will result in a minimum of five days suspension for medical examination, a chemical assessment, and a parent conference.

I give my son/daughter permission to accompany the group under the conditions set forth above.

Parent Signature: _____ **Date:** _____

Please also complete the Medical Portion of the Permission Slip and sign at the bottom.

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Medical Portion**

Please check at least one that applies:

_____ My child has NO known medical concerns at this time.

_____ My child receives daily prescription medication that must be administered during school hours.

_____ I am willing to chaperone the trip so that I can administer my child's medication.

_____ My child does not need to receive the medication while on the class trip.

_____ My child is properly authorized to self-medicate under the supervision of the teacher. (Completed form is on file in the nurse's office.)

_____ My child has allergies (food, insect stings, etc.)
Please specify: _____

_____ My child has been prescribed an EpiPen.

I understand that there will not be a nurse present on this trip as it is after school hours. If my child requires EpiPen, inhaler, or any other medication, I must be there to administer such medication.

Parent/Guardian Signature: _____