



# Bayonne Youth Band & Orchestra

## REHEARSAL/LESSON PERMISSION FORM

I give my child, \_\_\_\_\_, permission to attend the  
Please PRINT child's name above

Bayonne Youth Band & Orchestra rehearsals and lessons on the dates included on the

**2024-2025 BYBO** practice calendar. I also agree to allow my child to attend lessons/rehearsals on different dates that may need to be added/changed due to unforeseen scheduling issues or circumstances; furthermore, I understand that all BYBO news and scheduling information is available on the BYBO Blog website and that I will be receiving emails from the BYBO staff. I also agree that I will be responsible to dropping my child off and picking them up on time from rehearsals/lessons, and that it is my responsibility to make sure that my child is attending practice.

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Phone (emergencies)

\_\_\_\_\_  
Parent Email (for mail list)