

STUDENT TRAVEL AUTHORIZATION Naples High School Band Program 2023-2024

| I, the undersigned parent or legal guardian of | , |
|---|--------------------------------|
| name | e of student |
| grant permission for my child/ward to travel to all 2023-2024 N | HS Band & Auxiliary |
| Activities sponsored by Naples High School. | |
| I understand the students are scheduled to depart and return | to and from the school on |
| the dates and times listed on the 2023-2024 Band Calendar | found on the NHS Band |
| Website at www.napleshighband.com. | |
| I understand, acknowledge and agree that: The School Board | of Collier County, Florida, |
| Naples High School employees, Naples High School Band Boo | osters, Inc. band |
| boosters, volunteers, chaperones and appointees will provide for reasonable supervision of students within its care and control. The supervision will be consistent | |
| | |
| of the student, nor can it supervise all movements of all studen | its at all times. In addition, |
| there are certain risks inherent in travel and at the destination. | |
| I further understand that The School Board of Collier County, F | Florida, Naples High |
| School employees, Naples High School Band Boosters, Inc. ba | and boosters, volunteers, |
| chaperones and appointees have no personal liability unless h | e or she has acted |
| recklessly, wantonly, or intentionally to injure my child/ward. | |
| | |
| Parent/Guardian Signature | Date |
| | |
| Parent/Guardian Printed Name | |