



South Central Regional Music Conference

February 25 - 27, 2010

Monroe Civic Center

Monroe, Louisiana

CONFERENCE PARTICIPATION PERMISSION FORM

I, hereby, give permission for my child to participate in the South Central Regional Music Conference in Monroe, Louisiana on February 25 – 27, 2010.

My signature, below, absolves the board of directors and advisors of South Central Regional Music Conference, the Monroe Civic Center Complex and the City of Monroe of any and all liability due to bodily injury, personal loss or accidental death.

Signature of Parent or Guardian

Date

Child' Name

School

Return forms to:

Sue Moore

South Central Regional Music Conference

151 McCormick Lane

Calhoun, LA 71225

South Central Regional Music Conference

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Monroe Civic Center, Monroe, Louisiana

CONFERENCE PERMISSION FORM TO TREAT
AND EMERGENCY CONTACT

Student's Name: _____

Address: _____

Phone Number(s): _____

Parent or Guardian Name: _____

Physician's Name & Phone Number: _____

Medical Condition(s) and/or Allergies: _____

Insurance Company: _____

Policy Number: _____

I, hereby, authorize the South Central Regional Music Conference and its agents to seek medical treatment in case of injury or illness.

_____/_____
Parent or Guardian Date