

Central District Bandmasters Association
All District Band
Student Release Form Permission Slip

Student Name: _____

School & Teacher Name: _____

Student Address: _____

I am the parent/legal guardian of the student named above. I understand that this year's Central District Band auditions will be pre-recorded. Due to the audition procedures, I understand and acknowledge that it will be necessary for my student to submit a video recording of their performance to be adjudicated by band directors in the Central District.

I agree to the following statement:

- I DO give permission for my student (listed above) to submit a video recording that will include their image, voice and musical performance to be adjudicated for the Central District Band auditions.
- I DO NOT give permission for my student (listed above) to submit a video recording that will include their image, voice and musical performance to be adjudicated for the Central District Band auditions. I understand that by choosing this option, my student will not be able to audition for the 2021 Central District Honor Band.

Signature of Parent/Guardian: _____ Date: _____

I am the Band Director of the student named above and attest that the parent gave or denied permission for the student listed to audition for the Central District Honor Band.

Signature of Band Director: _____ Date: _____