

Agreement to Meet Austin High Orchestra Requirements

Return this form to Ms. Solis by September 6th, 2019

I have read the information on the Syllabus, in the Orchestra Handbook and Calendar of Activities. I agree to fulfill the requirements for membership in the Austin High Orchestra Program.

Student Name: _____

Class Period: _____

Student Signature: _____

Date: _____

Parent or Guardian name (s) _____

_____ We understand the requirements for membership in the Austin High Orchestra, including tuition fees, rehearsals, concert attendance, performance calendar and concert attire.

_____ The name, likeness, photograph and video of our child may be used for Austin High Orchestra publicity purposes, website, and Facebook. We release the Austin High Orchestra and their affiliates from any and all liability, claims, or causes of faction with this consent and release.

_____ We have logged into www.charmsoffice.com and have updated student and parents/guardian information. To log into Charms, visit the website the school code is AustinHighOrch and the initial password is the student's school ID number.

Parent / Guardian Name(s): _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

To sign up on REMIND:

Compose a text message to the number 81010.

Class/Orchestra/Forum
Camerata Orchestra
Philharmonic & Recital Orchestras
Chamber Orchestra
AHS Orchestra Parents

Code to enter in text body
@44hh9gb
@46392e
@eca6d8
@hh23de

Preferred form of contact for announcements

_____ Email works well – preferred address(es): _____

_____ Please call us – preferred phone number(s): _____