# DUE 8/14/20

## 2020-2021 Greenwood HS Choirs - Performer and Parent Contract

All students and parents of students wishing to be involved with the Greenwood Choir Department must understand the commitment both from a time and from a financial standpoint. Therefore, each member and each member's parent(s) must read and complete this contract as part of involvement in an ensemble.

I,_____(student's name) have read the information contained in this packet (all items indicated on the information acknowledgement sheet) pertaining to the 2020-2021 Greenwood Choir Department. I understand that I must attend all rehearsals and performances as indicated on the 2020-2021 Greenwood HS Choir calendar as well as be responsible for the fees and quotas associated with the ensemble(s) of which I am a member. (Attendance rules outlined in Department Handbook) By signing this contract, I understand that I will be assigned an important role in an ensemble and that I will fill that role. I understand that if I break this commitment that all fees are due in full as are any additional costs incurred as a result of collection.

☐ By checking this box and entering my name below, I am electronically signing this form.

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| First Name | M. I. | Last Name | Suffix |

___ / ___ / _____
Date (MM/DD/YYYY)

I (we), the parents of _____ (student's name) have read the information contained in this packet (all items indicated on the information acknowledgement sheet) pertaining to the 2020-2021 Greenwood Choir Department. I (we) understand that my (our) child must attend all rehearsals and performances as indicated on the 2020-2021 Greenwood HS Choir calendar (attendance rules outlined in Department Handbook) and I (we) understand that there are fees and quotas associated with this group that must be paid in order for our child to participate (see additional financial paperwork). By signing this contract, I understand that my student will have a role in the ensemble(s) reserved for him/her and he/she will fulfill that role. I (we) understand that if this commitment is broken that all fees are due in full as are any additional costs incurred as a result of collection.

☐ By checking this box and entering my name below, I am electronically signing this form.

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| First Name | M. I. | Last Name | Suffix |

___ / ___ / _____
Date (MM/DD/YYYY)