

**SRHS CHORAL DEPARTMENT 2025-2026 SCHOOL YEAR  
ACTIVITY-TRANSPORTATION-FIELD TRIP PERMISSION FORM**

**PLEASE COMPLETE AND RETURN BY MONDAY, AUGUST 25, 2025**

Contact Mr. Larry J. Stanley, Sr., M.M., SRHS Director of Choral Activities, at [larry.stanley@indianriverschools.org](mailto:larry.stanley@indianriverschools.org)  
if you have questions or need more information. An itinerary will be provided prior to the event(s).

This is to certify that my son/daughter (**print student name**) \_\_\_\_\_, ID# \_\_\_\_\_, has permission to take part in approved SRHS Choral Department events, representing Sebastian River High School and Indian River County School District and has my permission to be transported either by bus or vehicle with approved parent/adult driver having a valid Florida driver's license. Expected trips include, but are not limited to:

- Travel by bus to Choral MPA (Mar'26), Music in the Parks Festival Competition (Mar'26)
- Travel by bus or approved parent/adult driver to Solo & Ensemble MPA (Feb'26 & Apr'26)
- Encore Only: travel by bus or approved parent/adult driver to various Encore community performances, which may include SDIRC School Board Center, Orchid Island Golf & Beach Club, John's Island Club, Barefoot Bay Activity Center, Riverside Theatre, Vero Beach Museum of Art, and SDIRC schools

**PARTICIPATION BEHAVIOR AGREEMENT**

I/We understand the importance of good behavior on each person's part during this activity/trip. I further understand that I will abide by the following requirements in order to attend.

- I must meet with the trip sponsors/teachers before the trip to receive details of what is expected.
- I will follow the school/district dress code.
- I will be subject to rules and regulations governing conduct at school while traveling and while at destination.
- I will be subject to disciplinary action upon returning to school should I violate the SDIRC Code of Conduct.
- I will be refused permission to participate in the activity and forfeit all monetary investment if, in the opinion of the principal or delegated representative, I display improper conduct, become unruly, or appear under the influence of drugs or alcohol before departure.

**EMERGENCY CONTACT INFORMATION**

Student Address: \_\_\_\_\_

Student Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Known Allergies/Medical Conditions: \_\_\_\_\_

I/We hereby grant consent to any and all health care providers designated by IRCSD employees to provide my child with any necessary medical care as a result of any injury or illness. Furthermore, I/we, agree to hold harmless the School District of Indian River County to indemnify them against any and all claims, demands, penalties, judgments, court costs, attorney's fees, and liabilities of every kind and nature whatsoever in connection with any injury or claim of any kind as it pertains to this activity/trip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature