

STUDENT-PARENT-TEACHER CONTRACT OF MUTUAL CONSENT

SCHOOL NAME: _____

PRINT STUDENT NAME: _____

GRADE: _____ VOICE PART: _____



**SCMEA ALL-STATE CHOIR
Student-Parent-Teacher
Contract of Mutual Consent**

**2021-2022 ALL-STATE CHOIR
MARCH 3-5, 2022**

I, _____ (print student name) have read the All-State Choir Rules and understand that sending in the registration means that I will attend 100% of the All-State Weekend March 3-5, 2022 at Winthrop University. I understand that wearing a mask while on campus is part of the new protocol for the 2022 All State event.

Student Signature

Date

I, _____ (print parent/guardian name) have read the All-State Choir Rules and understand that that sending in the registration means that I will attend 100% of the All-State Weekend March 3-5, 2022 at Winthrop University. I understand that wearing a mask while on campus is part of the new protocol for the 2022 All State event. I understand that all registration fees are non- refundable.

Parent Signature

Date

I, _____ (print teacher name) have read the All-State Choir Rules and understand that that sending in the registration means that I will attend 100% of the All-State Weekend March 3-5, 2022 at Winthrop University. I understand that wearing a mask while on campus is part of the new protocol for the 2022 All State event.

Teacher Signature

Date

**PLEASE SIGN AND RETURN THIS FORM FOR EACH STUDENT.
INCLUDE ALL FORMS WITH YOUR HARD COPY REGISTRATION MATERIALS**