





CLIFTON HIGH SCHOOL  
PERMISSION SLIP FOR EXTRA-CURRICULAR EVENTS

I hereby grant permission for my child \_\_\_\_\_  
to participate in the CHS Student Council's Clifton Kicks Cancer Performance Showcase on **Friday,  
March 29, 2019.**

In consideration for permitting my child to participate in this extracurricular event, I hereby release and forever discharge the Clifton Board of Education, its employees, and agents from any and all liability, suits, damages, claims, and demands, if any, arising from said extracurricular trip/activity.

In the event of an unanticipated and untoward occurrence, this permission slip will also authorize the school staff members in charge of the event to secure any needed medical care until I can be contacted.

It is further understood that it is the student's responsibility to follow proper school code as outlined in the 2018-2019 Student Handbook(s).

No child will be permitted to participate in this event if this is not filled out by the parent or guardian and returned to Ms. Gaccione, CHS E-WING, by **Friday, March 8, 2019.**

  X   If this is checked, there are special instructions that are being sent home with this form. You may keep those instructions.

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Pupil's Name \_\_\_\_\_

Pupil's Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent's Phone Number and Address During the Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLIFTON HIGH SCHOOL  
Performance Agreement

I, \_\_\_\_\_, hereby certify that all material presented during the CHS Student Council Clifton Kicks Cancer Performance Showcase is original to me and my group. All music, choreography, and general content is geared toward a family audience, is deemed school appropriate, and has been approved by the adviser/administrator in charge of the event. There will not be any material presented during the final performance that has not been pre-approved during the trial and rehearsal period. I certify that all information presented below is accurate to the best of my knowledge.

Group Name (if applicable): \_\_\_\_\_

Performance type: \_\_\_\_\_

Musical Selection: \_\_\_\_\_

General Choreographer: \_\_\_\_\_

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Student/Participant (Printed)

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Student/Participant (Signed)

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Parent/Guardian (Printed, if necessary)

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Parent/Guardian (Signed, if necessary)

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Adviser (Printed)

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Adviser (Signed)

Please fill out the following check list to ensure your routine meets the showcase requirements, and submit this form with the remainder of your paperwork to Ms. Gaccione, CHS E-Wing.

Group Member(s) Names: \_\_\_\_\_

Routine Type: \_\_\_\_\_

❖ My group's routine contains original choreography: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ My group's routine is between 1:30 and 3:00 minutes in length: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ My group's music is school/family appropriate: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ My group's music is cut seamlessly to fit the appropriate routine length: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ My group's outfits/costumes will be coordinated, matching, and appropriate: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ Each member of my group will have appropriate footwear for the routine: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ My group's routine is geared toward audience viewing: \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ My group's routine requires specific props: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain the props needed and how they will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ My group's routine requires the use of mats on stage: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain the mats needed and how they will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ My group requires on-stage "spots" to ensure safety: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain the assistance needed and how it will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above routine has been approved:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Adviser Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_