**The Colorado Springs Philharmonic Link Up Concert “The Orchestra Sings”**

January 14, 2020

Dear Parents or Legal Guardians,

Our fifth graders will have an exciting opportunity to perform with **The Colorado Springs Philharmonic –A Link Up** **Concert!** **“The Orchestra Sings**” at the Pikes Peak Center on **February 13, 2020.** The Pikes Peak Center is located at **190 S. Cascade Ave. in Colorado Springs**. This is an incredible opportunity for our students to play recorders and sing with professional musicians and experience the excitement of a world class stage!

We will depart from Aragon at **8:15am** and will arrive at the Pikes Peak Center at **9:00am.**  Our departure time from the PikesPeak Center will be at **10:30am** returning to the school about **11:00am.**

Your child will need to bring the following with them:

* Recorders will be provided by the Music Teacher, Mrs. Rapp.

Sincerely,

Mrs. Rapp (Music Teacher) & Fifth Grade Team

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please cut off and return bottom portion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Yes, my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend the 5th grade field trip to the Pikes

Peak Center on **February 13, 2020** located at **190 S. Cascade Ave. in Colorado Springs.**

I plan to attend the field trip and understand the following: (please initial box)

* Parents/Legal Guardians must **drive to and from** the Pikes Peak Center.
* Parents/Legal Guardians **may** **not** take their children to or from the Pikes Peak Center.
* Tickets are available to parents/legal guardians at the cost of **$4.50** each. All money needs to be turned in to your child’s teacher no later than **January 21, 2020.**

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian must complete the Permission & Waiver Form in order for your student to attend the field trip.**

My student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to attend the above‐noted off‐campus school activity. I hereby assume all of the risks of his/her participating in this activity. I acknowledge that this activity may involve physical exertion and I hereby consent to have my child receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Medical information (e.g. Allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_