



RCSMA ALL COUNTY AUTHORIZATION FORM

Student Name: _____

Home Address: _____

Telephone: _____

As parent/guardian of _____,
(Print Student Name)

I hereby acknowledge that the performance of my child may be photographed, reproduced, and/or recorded on compact disc, DVD and/or other similar devices, and may be displayed on the RCSMA website, sold by a 3rd party for personal (not commercial) purchase and/or used in press releases by RCSMA for the sole purpose of promoting RCSMA students, schools, and music education without remuneration.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

District



Teacher