

AFFIDAVIT OF _____
(insert name of Parent/Guardian)

STATE OF FLORIDA
COUNTY OF PALM BEACH

I, _____ *(insert name of Parent/Guardian)*, being first duly sworn according to law by the undersigned authority, state as follows:

1. My name is _____ *(insert name of Parent/Guardian)*. I am a citizen/resident alien of the United States, a resident of Florida, domiciled in Palm Beach County, am more than eighteen years of age, I am fully competent to testify, and have personal knowledge of the facts stated herein.

2. I am the Parent / Guardian of _____ *(insert name of Student)*, **and** his/her signature appears below.

3. I am signing this Affidavit to evidence that I **(i)** have thoroughly read the following four (4) listed sections of the online form found at www.parkvistaband.com/bandforms ("Band Forms"), **(ii)** fully understand the information provided therein, **(iii)** do not have any unanswered questions regarding the information contained in the Band Forms, and **(iv)** did agree to complete, and have completed, the Band Forms as requested.

4. My **original signed/electronically signed** Band Forms listed below are made part of this Affidavit. **** BAND FORMS:**

- a. Medical Form
 - b. Budget Agreement
 - e. Participation Contract(s)
 - c. Blanket Permission Slip
 - d. Park Vista Band Parent/Student Handbook
- FURTHER AFFIANT SAYETH NAUGHT.

Parent Signature: _____

Print Parent Name: _____

SUBSCRIBED AND SWORN TO BEFORE ME on _____, 2019, by

_____ *(insert name of Parent/Guardian)*,

_____ who is personally known to me, or

_____ has produced _____ (ID # _____), as identification.

[SEAL]

Notary Public, State of Florida

Print Name: _____

My Commission expires: _____

****Signature of Student****