

2021-2022 VOLUNTEER H.S. BAND MEDICAL & RELEASE FORM-- PART 1

Name- First		Middle	Last	
Nickname		Gender	T- Shirt Size (adult) SM MED LG XL 2XL 3XL	
Instrument- Marching	Instrument- Concert Band		Home Phone	Grade
Marching- other (<i>circle</i>) Front Ensemble Color Guard Drum Major			Student's Phone Number	
Mailing Address			Who does student live with?	
Mother/ guardian name		Home Phone	Mother's Email Address	
Mother's Address (if different from student's)			Mother's Cell Phone	
Father/ guardian name		Home Phone	Father's Email Address	
Father's Address (if different from student's)			Father's Cell Phone	
Other Contact		Relationship	Phone Numbers	
Other Contact		Relationship	Phone Numbers	
In case of an emergency contact the following FIRST: <input type="checkbox"/> Mother/ Guardian <input type="checkbox"/> Father/ Guardian 				
Does your child have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no if yes, complete the section on Part 2 under Medical Information				
Chronic Health Problems/ Concerns				
List any medications your child takes on a regular basis (prescription, non- prescription) that the Volunteer Band Directors need to be aware of				
I give permission for my child _____ to travel with the Volunteer High School Band during the current school year on school busses and/or coach buses for the purpose of participating in the band's various activities, including but not limited to football games, concerts, competitions, etc. Parent Signature _____ Date _____				

Volunteer Band Medical & Release Forms Part 1 and Part 2 and Indemnity Form (notarized) is due prior to Band Camp