

Patriot Band and Colorguard

Information Sheet/Signature Sheet

Student Name _____ Student Instrument _____
Student ID # _____ Student DOB _____
Student Grade (for upcoming yr) _____
Student Address _____
Student e-mail _____
Student home phone _____
Student cell phone _____

Parent/Guardian

(please include e-mail as much of the information will be sent out via e-mail)

Name _____
Address _____
E-mail _____
Home Phone _____
Cell Phone _____
Work Phone _____

Areas willing to help out with.

sew/uniforms	food	fundraising	medical
Tow Trailor	Chaperone	communication (calling/e-mailing)	repair/ build
Getting donations	finances	Other _____	

Parent/Guardian

Name _____
Address _____
E-mail _____
Home Phone _____
Cell Phone _____
Work Phone _____

Volunteer skills: sew/uniforms cook drive truck fundraising medical

Circle all that

Apply

Tow Trailor	Chaperone	communication (calling/e-mailing)	repair/ build
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Getting donations finances Other _____

Emergency Contact Person Information (other than the two previous parent/guardians)

Name _____

Relationship to student _____

Home Phone _____

Cell Phone _____

Work Phone _____

EMERGENCY/MEDICAL INFORMATION

Insurance Name/Policy Holder _____

Policy Number _____

Medical Number _____

Medicare Number _____

Family Physician _____

Date of Last Tetanus Shot _____

Please list below any medical information or conditions that should be known by those in authority (i.e., precautions, medications by prescription, diabetic, asthma, inhaler, bee sting allergy, allergies, to any drugs and / or foods, etc). Also list any ailments or medical conditions which would prohibit your student from performing any physical exercises that might be present for marching band (examples are jogging, running, push-ups, sit-ups, marching, etc).

I, (we) the undersigned, Parent(s) of: _____

Do hereby authorize Raymond Moreno, Director of the Patriot High School Band and Colorguard or such substitutes as he may designate, as Agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any practice act, or a dentist licensed under the provisions of the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given, I advance of any specific diagnosis, treatment of hospital care being rendered, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. Every effort will be made to contact the parent(s) guardians before obtaining medical treatment!

I have read and agree that my student will abide by all the rules and regulations set forth in the Patriot Band and Colorguard Handbook. I understand the **time** and **financial obligation** involved. I also agree that all information given is true and up to date. I understand that should my student not fulfill his(her) obligation to the group then he/she can be assigned an alternate role or cut from the group. Thank you for your interest in the Patriot Cardinal Regiment.

Students Signature

Date

Father's Signature (legal Guardian)

Date

Mother's Signature (legal Guardian)

Date

* This form is due before the student may begin rehearsing with the Patriot Band and Colorguard.