



2017-2018 SYLACAUGA HIGH SCHOOL BAND REGISTRATION FORM
(PLEASE PRINT CLEARLY)

STUDENT INFORMATION (All Students)			
Name:			Gender: M or F
Date of Birth	Home Phone:	Student Cell:	
Address:		City:	Zip:
Grade (2017-2018)	Instrument (s)/Auxiliary Section:	Secondary Instrument, if applicable	
Student Email Address:		T-Shirt Size (Adult Sizes):	
PARENT OR GUARDIAN INFORMATION (All Students)			
(Guardian) Father's Name:			
Address (If different from Student listed above):			
City, State, Zip:		Work Phone:	
Email Address:		Cell Phone:	
(Guardian) Mother's Name:			
Address (If different from Student listed above):			
City, State, Zip:		Work Phone:	
Email Address:		Cell Phone:	
EMERGENCY CONTACT (All Students)			
Name:		Primary Phone:	
Relationship:		Alternate Phone:	
MEDICAL CONTACT INFORMATION (All Students)			
Doctor's Name:		Phone:	
Insurance Carrier:			
Policy Holder's Name:			
Policy #:		Group #:	
PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD			



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Student Name:		Gender: M or F
Date of Birth	Home Phone:	Grade (2017-2018)
STUDENT ALLERGY INFORMATION (All Students)		
Is your student allergic to anything (<i>CIRCLE ONE</i>)? YES NO		Does your child carry an Epipen/Inhaler? (<i>CIRCLE ONE</i>) ? YES NO
Does your child have asthma? (<i>CIRCLE ONE</i>)? YES NO		Does your child carry an Inhaler? (<i>CIRCLE ONE</i>) ? YES NO
If yes, please explain:		
Required Treatment/Medication:		
STUDENT FOOD/MEAL INFORMATION (All Students)		
Any food allergies/restrictions (<i>CIRCLE ONE</i>)? YES NO		Is your student a Vegetarian? If Yes, please describe limitations:
If yes, please explain in detail including foods your student cannot eat:		
STUDENT MEDICATION INFORMATION (All Students)		
List any medications your student is currently taking OR will be required to take during camp/practices/performances (reminder that students are not allowed to have medication on them at anytime. All medication, <u>including Over The Counter medications</u> , must be in the possession of the nurses at all times):		
MEDICATION STUDENT IS ALLOWED TO TAKE AT THE ADVICE OF BAND NURSE		
Tylenol (acetaminophen) ___YES___NO		Benadryl ___YES___NO
Advil/Motrin (ibuprofen) ___YES___NO		Antacid (Tums) ___YES___NO
OTHER MEDICAL CONCERNS (All Students)		
Explain any other medical conditions or circumstances we should be aware of and how they should be handled if a family member or emergency contact cannot be reached:		
MEDICAL RELEASE SIGNATURES		
I hereby grant authorization to Band Directors, Band Staff or Chaperones of the Sylacauga High School Band Booster Association, standing in loco parentis, to obtain emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room on behalf of the above named minor. I also give permission to administer over-the-counter medications if necessary.		
<u>IF STUDENT IS NOT COVERED UNDER AN INSURANCE PROGRAM (PLEASE NOTE): FOR AND IN CONSIDERATION OF EMERGENCY SERVICES AND GOODS RENDERED BY OR THROUGH THE ATTENDING PHYSICIAN(S) THE UNDERSIGNED GUARANTEES PAYMENT IN FULL, IMMEDIATELY UPON RECEIPT OF FINAL BILLING.</u>		
PARENT PLEASE PRINT NAME:		DATE
PARENT SIGNATURE:		
EMERGENCY CONTACT (All Students)		
Name:		Primary Phone:
Relationship:		Alternate Phone:



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PARENT/GUARDIAN SIGNATURE SECTION

FINANCIAL AGREEMENT/MEDIA RELEASE/FIELD TRIP PERMISSION FORM

I hereby acknowledge receipt of the financial obligation policy. By signing, I agree to abide by the policy and meet the financial requirements for participation as outlined within and reflected in the table below. I understand that failure to meet the required financial commitments can result in my student being denied participation in any or all parts of the Band Program. All monies are due by the first day of Band Camp.

Band Fee-\$500, with parent participation in 6 events, \$200

Auxiliary Member Fee-TBA

****We have the lowest fees in all the surrounding counties. In addition, we offer payment plans for those who need it, and we offer a variety of fundraising opportunities to help pay your band fees. Please speak with the Booster Treasurer/Band Director about it.**

STUDENT NAME:

DATE:

PARENT SIGNATURE:

MEDIA RELEASE

Sylacauga High School AND Sylacauga High School Band Program may develop, participate in, or be the subject of media-based presentations and events which highlight various educational activities that take place during the course of the school year. These presentations/events may include photographs, slide presentations, video and other media containing images of your child. These may be used in programs, on the website, newspaper articles and other Sylacauga City Schools approved media activities.

I hereby **GIVE** my permission to publish my child's photograph and identification in as well as to publish my child's presentation (as listed above) in any of Sylacauga City School's media-based productions for the above stated purposes. **BY NOT**

SIGNING HERE YOU DENY PERMISSION FOR USE AS LISTED ABOVE.

PARENT PRINT NAME:

DATE:

PARENT SIGNATURE:

FIELD TRIP PERMISSION FORM

My son/daughter has my permission to go on all field trips scheduled for the Sylacauga High School Band Program during the year listed on the registration form. Participants agree to abide by applicable rules and standards of conduct as set forth by Sylacauga High School and the Sylacauga High School Band and release and hold harmless these organizations, their agents, volunteers, and/or employees from any and all claims of liability arising out of this participation.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT VOLUNTEER OPPORTUNITIES

(Select 6 or more per family & indicate who will volunteer...Mom, Dad, or Both)

For more

information, please contact the Band Director at: ryan.murrell@scsboe.org

___ MARCHING BAND CAMP (July) Mom Dad Both

___ VOLUNTEERS (Yearlong) Mom Dad Both

___ CONCESSION STAND (Fall) Mom Dad Both

___ HOSPITALITY (Various Events) Mom Dad Both

___ AFTER SCHOOL REHEARSALS (Fall) Mom Dad Both

___ EQUIPMENT CREW (Various Events) Mom Dad Both

___ CHAPERONES (Various Events) Mom Dad Both

___ UNIFORMS (Marching Season) Mom Dad Both

OTHER SKILLS OR TRADES THAT YOU HAVE TO OFFER THAT MAY BENEFIT THE BAND PROGRAM

THESE CAN INCLUDE TRUCK DRIVERS (CDL) TO HELP DRIVE DURING COMPETITIONS, CONSTRUCTION TO HELP BUILD, PARENTS TO HELP WITH ADMINISTRATIVE TASKS, ETC....