

Date: _____

**Erie High School Marching Band
Agreements Form**

Student Last Name: _____

Student First Name: _____



Section I: Demographic and Emergency Contact Information

Home Street Address: _____

Zip Code: _____ Home/Family Email: _____

Phone (Home): _____ Phone (Mobile): _____

Student Date of Birth: _____ Social Security Number: _____ Age: _____

Mother's Full Name: _____

Mother's Work Address: _____ Zip: _____

Mother's Work Phone: _____ You may contact me at work.

Father's Full Name: _____

Father's Work Address: _____ Zip: _____

Father's Work Phone: _____ You may contact me at work.

IF A PARENT OR GUARDIAN CANNOT BE REACHED PLEASE CONTACT THE FOLLOWING RELIABLE ADULT:

Name: _____ Phone: _____

Street Address: _____ Zip: _____

School (Fall 2018): _____ Grade: _____

Instrument/Section: _____

Number of years in the EHSMB (including the 2018 season): _____

Section II: Commitment & Permission

I (Student) commit to be a full participating member of the Erie High School Marching Band (EHSMB) for the 2018 season. I will maintain membership throughout the 2018-2019 academic year. If I fail to maintain this membership, I understand that I will be letting my peers and Erie's Public Schools down, and leaving a "hole" in the show. All members are first team players as we do not maintain a bench. Also, I may not be permitted to rejoin the EHSMB in the future.

I will do my best to comply with the rules and procedures of the Erie High School Marching Band. I hereby commit myself to the rules, regulations and disciplinary actions of the marching band and I will act as a responsible band member and citizen of the EACMB as I represent our band, school, and community.

I (Parent) support my student's commitment to membership in the EHSMB as well as the rules and procedures of the EHSMB. I grant permission for my son/daughter to participate in all activities of the EHSMB.

The EHSMB will be, from time to time, televised, photographed or recorded by other means. Media may be relayed on the World Wide Web or on local television to promote or otherwise publicize the band. I agree to allow my student to be recorded by photo, video or audio means.

[Thank you for your support!]

Student Signature

Parent Signature

Please return immediately!

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Section III: Travel & Field Trip Permission

Has my permission to attend all performances and activities requiring travel during the 2018-2019 calendar year for the Erie High School Marching Band.

It is understood that neither the Erie's Public Schools, administration, nor advisors are responsible in the event of an accident. The undersigned further agrees to hold harmless and indemnify said Erie School District, administration, and advisors for any liability sustained by the said District as a result of neglect, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The parents or legal guardian of this participant hereby grant permission for the said student to participate fully in this field trip and hereby give permission to take to transport said student to a medical facility while assuming responsibility for all medical bills in any.

Further, should it be necessary for the participant to return home due to medical reasons, weather conditions, cancellation of event, disciplinary action, or otherwise, the undersigned parent/guardian hereby assumed all transportation needs.

Parent Signature

Section IV: Insurance and Health History

Does your child have insurance through parent employer? Yes No
If yes, please name company: _____ Policy Number: _____
Family Doctor's Name: _____ Phone: _____
Preferred Local Hospital: _____

<p><u>Health History</u> <i>Please check:</i></p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Orthopedic Problems</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Cardiac Problems</p> <p>Other: _____</p>	<p><u>Allergies</u> <i>List child's allergies:</i></p> <p>_____</p> <p style="text-align: center;"><u>Do we have permission to administer your child:</u></p> <p style="text-align: center;"><input type="checkbox"/> Aspirin <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen</p>
<p><u>Medications</u> <i>Please list your child's medications. Be specific and include dosages, instructions and side effects.</i></p> <p>_____</p> <p>_____</p>	
<p>Has your child had tetanus within the last 6 years? Yes No</p>	
<p>Do you know of any health factors, which make it advisable for your child to follow a limited program of physical activity or participating in any activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies or other physical condition.</p> <p>_____</p> <p>_____</p>	

I consent, in advance to whatever medical treatment or procedures might be necessary for my child in case of injury or illness that might happen during any event of the Erie High School Marching Band. Such treatment may include, but not be limited to, ex-ray and any medical or surgical procedures deemed necessary. I understand that every effort will be made to reach me in the case of serious illness or injury. I release my child to the care of the Erie High School Marching Band staff, chaperones and attending medical personnel.

Student Signature

Parent Signature

Please return immediately!