

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 2019): \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument/Section: \_\_\_\_\_

Number of years in the EHSMB (including the 2019 season): \_\_\_\_\_

**Section II: Commitment & Permission**

I (Student) commit to be a full participating member of the Erie High School Marching Band (EHSMB) for the 2019 season. I will maintain membership throughout the 2019-2020 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 EHSMB 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!**

Date: \_\_\_\_\_

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Student First Name: \_\_\_\_\_

### **Section III: Travel & Field Trip Permission**

Has my permission to attend all performances and activities requiring travel during the 2019-2020 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><b><u>Health History</u></b> <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><b><u>Allergies</u></b> (i.e. food, etc.) <i>List child's allergies:</i></p> <p>_____</p> <p style="text-align: center;"><b><u>Do we have permission to administer your child:</u></b></p> <p style="text-align: center;"><input type="checkbox"/> Aspirin    <input type="checkbox"/> Tylenol    <input type="checkbox"/> Ibuprofen</p>
<p><b><u>Medications</u></b> <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> <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!**