Conneaut Area Department of Music Signature Form

Conneaut Area ROCK n' ROLL Marching Band

I. RULES AND REGULATIONS – *IT IS EXTREMELY IMPORTANT TO BE AT ALL REHEARSALS AND PERFORMANCES!*

_____ has my permission as parent/guardian to participate in the educational field trips/performances for the 2023-2024 school year. I understand all dates and times will be discussed and reviewed with my students prior to the performances and that any itinerary information will be posted on www.conneautareamusic.org or sent home by request ASAP. All students are required to abide by the same rules of conduct as would be acceptable in the high school including Policy 121&231.

I (WE) also understand our roles and responsibilities as parent(s)/guardian(s) and member(s) of Conneaut Area EAGLE Marching Band. I (WE) will strive to achieve the highest level of professionalism and performance through dedication, practice and enthusiasm.

Student name (print): _____

Student signature: _____

Parent(s)/Guardian(s) signature: _____

Primary Phone # _____ Cell # or 2nd Phone # _____

Email Address: _____

Date: _____

AUTHORIZATION AND PARENT MEDICAL RELEASE

The person herein described has my permission to engage in all scheduled Conneaut Area *EAGLE* Marching Band activities, except as noted by me. This health history is correct as far as I know, and in the event that I cannot be reached in an emergency, I hereby give permission to the director and/or music staff to seek emergency assistance and to authorize treatment as needed at the nearest medical facility until the parent (guardian) can be reached.

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN BY ABSOLUTELY NO LATER THAN OUR FIRST REHEARSAL.

PLEASE RETURN THIS FORM TO MR. CAMERON AT THE FIRST REHEARSAL YOU ATTEND!

PLEASE BE SURE TO COMPLETE THE ONLINE REGISTRATION AT www.conneautareamusic.org

IF YOU DO NOT HAVE ACCESS TO THE ONLINE REGISTRATION – PLEASE COMPLETE REVERSE SIDE!

ONLY COMPLETE THIS PAGE IF YOU <u>DO NOT</u> HAVE ACCESS TO THE ONLINE REGISTRATION.

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____ Relationship: _____ Phone # _____

Additional P/G Name: _____ Relationship: _____ Phone # _____

Additional P/G Name: _____ Relationship: _____ Phone # _____

<u>If I/we are unavailable, I/we authorize you to contact the following ***Secondary Emergency Adult(s)***</u>:

Name/Relationship: _____ Phone # _____

Name/Relationship: _____ Phone # _____

HEALTH HISTORY

Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Grade next fall: _____

Street Address: _____

City: _____ State: _____ Zip:_____

Primary Phone #: _____

Medical Insurance Carrier: _____

Policy # _____

Student Allergies: _____

_____

_____

Student's Health Condition(s) of which an Emergency Physician should be aware: _____

_____

_____

Student's Prescription Medications: _____

_____

_____

Student's Physical Restrictions: _____

_____

_____

Family Physician Name: _____ Family Physician Phone # _____

Date of last tetanus injection: _____

The director/staff can administer the following if needed (circle): Tylenol Ibuprofen