

Student Name:

(Please Print)

Last

First

MI



2011-2012 Student Emergency Contact and Medical Information

Check all the group(s) you will be a part of and list the appropriate instrument (check all that apply):

Hi-Stepper/ <input type="checkbox"/>	Marching Band <input type="checkbox"/>	Symphonic Band <input type="checkbox"/>	Concert Band <input type="checkbox"/>	Jazz Band <input type="checkbox"/>	Percussive Arts <input type="checkbox"/>
Colorguard	Instrument: _____	Instrument: _____	Instrument: _____	Instrument: _____	

M F

Student Address

Date of Birth (MM/DD/YY) Sex (check one) 2011-2012 Grade

City, ST ZIP Code

Parent/Guardian 2nd Address (if applicable)

Student Cell Phone*

Student E-Mail

City, ST ZIP Code

* Please check if OK to send a text message to the student's cell phone

Mother/Guardian Name

Father/Guardian Name

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone

E-Mail

Cell Phone

E-Mail

Student lives with (check one): Both Parents Mother Father Guardian

Student name, address, and phone will be listed in our band directory. To not be listed, please check here:

Student/Parents/Guardians will be added to our **private** band e-mail list to receive announcements and notices.

Alternate Emergency Contact

Emergency Contact

Emergency Contact Phone

Relationship to student

Address

City, ST ZIP Code

Medical and Insurance Information

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD

Physician's Name

Physician's Phone Number

Insurance Company

Policy/Group Number

Insurance Phone Number (usually on back of card)

Insured's Name and Employer

Allergies/Special Health Considerations

List any medications presently taken or physical restrictions

- I give permission for my child to receive emergency medical treatment in case of illness or injury. I further understand that I am responsible for any medical expenses not covered by the student insurance policy. THIS AUTHORIZATION IS FOR TREATMENT BY A PHYSICIAN AND/OR AT A HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.
- My child has permission to go swimming and participate in any and all Bands of Irmo activities as required by the Band Director, this is enforce for the entire school year.

Parent/Guardian Signature

Date

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD

All information on this form must be provided and in advance of students participating in band activities.



Student's Name _____
Please Print Last First

Home Phone _____

**Bands of Irmo 2011-2012
Promise of Indemnification**

In consideration of permitting my Student(s) to accompany the Irmo High School Band on its trips to football games, festivals and other related band trips, I hereby agree to indemnify and hold harmless the Irmo High School Band, School District Five of Lexington and Richland Counties, its teachers, employees, Booster Board member, chaperones and trip sponsors against any claim for damages, compensation or otherwise on the part of said minor(s) or his (her) heirs, executors or administrators and to reimburse or make good any loss or damages or costs the Irmo High School Band, School District Five of Lexington and Richland Counties, its teachers, employees, Booster Board member, chaperones or trip sponsors may have to pay if litigation arises on behalf of any claims made by said minor(s) or anyone on his (her) behalf as a result of injuries sustained by my student(s) on said trips.

I have read and agree to the terms and conditions listed above.

Signature of Parent/Guardian

Date