



2010-2011 Warner Robins HS Marching Band Registration Form

Student will be participating in: (check all that apply)			
Program	Instrument	Personal Instr	School's Instr
<input type="checkbox"/> Marching Band	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Color Guard	N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Concert Band	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jazz Band	_____	<input type="checkbox"/>	<input type="checkbox"/>
(pending tryouts)			

STUDENT INFORMATION

Last Name: _____ First Name: _____ Sex: _____ 2010/2011 Grade: _____
 Name Called: _____ Birth date: _____ Age: _____
 Home Address: _____ Zip: _____
 Home Phone: _____ Student Cell # _____ Student Email: _____

FAMILY INFORMATION (In case of emergency, please check whom to contact first)

Mother/guardian's name: _____ Employer: _____
 Home Address (if different): _____
 Home #: _____ Work #: _____ Cell #: _____
 Email: _____

Father/guardian's name: _____ Employer: _____
 Home Address (if different): _____
 Home #: _____ Work #: _____ Cell #: _____
 Email: _____

MEDICAL INFORMATION (Check all that apply to your student)

Allergies: _____
 History of: Asthma Cardiac Problems Diabetes Seizures Emotional, behavioral, intellectual or physical challenges
 Explanation: _____

 Name of Medication (include dosage & frequency): _____
 Purpose and/or special circumstances regarding medications: _____

 Date of last Tetanus booster: _____

EMERGENCY INFORMATION

Student Physician Name: _____ Phone #: _____
 Insurance Company: _____ Policy Number: _____
 If mother/father cannot be reached, call:
 Name: _____ Relationship: _____
 Home #: _____ Work #: _____ Cell #: _____

I GIVE MY PERMISSION TO THE DESIGNATED ADULT IN CHARGE OF FIRST AID TO ADMINISTER THE FOLLOWING TO MY STUDENT AS NEEDED: Simple First Aid Tylenol Advil Benadryl Antacids

I, _____, HEREBY GIVE THE WRHS BAND DIRECTOR AND HIS/HER DESIGNEE PERMISSION TO SECURE MEDICAL ASSISTANCE FOR MY STUDENT IN THE EVENT OF AN EMERGENCY.

THE WARNER ROBINS HIGH SCHOOL BAND DIRECTORS CAN ONLY RELEASE STUDENTS TO THEIR LEGAL GUARDIANS.

PARENT SIGNATURE: _____ **Date:** _____