

2021-2022 Personnel Information & Emergency Contact Sheet

All Wind Players should return this form no later than Friday, April 9th, 2021

All Drum Major/Drumline Applicants should return this form no later than March 29th, 2021

All Band Front Members will return this form on Friday, April 9th, 2021.

PLEASE PRINT ALL INFORMATION CLEARLY IN THE SPACES PROVIDED

Contact Information

Student Name: _____

Address: _____

Home Phone: _____

Cell Phone 1*: _____

Cell Phone 2*: _____

Parent Name: _____

Family E-mail: _____

Student E-mail: _____

Section: _____

2021-22 Grade: _____

Emergency Contact Information

Date of Birth _____

Age: _____

Contact Lenses: Yes No

Emergency Contact: _____

Physician Name: _____

Phy. Phone: _____

Preferred Hospital: _____

Insurance Co. _____

Address: _____

Group # _____

Policy # _____

*- These numbers are requested for the use when the band is traveling to and from events. They are only utilized for emergency purposes.

Emergency Procedures: Please list any significant health problems, allergies, or medications the above named band member is taking.

The Band Director/Staff/Chaperones have my permission to administer (Circle as allowed): Tylenol, Pepto Bismol, Benadryl, Ibuprofen, Other (please specify): _____

Clothing/Equipment

T-Shirt Size: S M L XL XXL

Marching Shoes/Boots Size: _____

Your Director/Advisors will order necessary equipment (Boots/Shoes/gloves/Tights/etc.) to ensure the correct model and material is ordered. All marching Band members are responsible for the purchase of these items.

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Statement of Student and Parent Responsibility

As a member of the West Branch Warrior Marching Band, I have read and agree to comply with all regulations for attendance, conduct, uniforms and the schedule set forth in the handbook.

Student Signature Date

As a parent of a WBWB member, I have read and agree to support my child’s participation and support all regulations for attendance, conduct, uniform and the schedule set forth in the handbook. In the event of an emergency, I hereby give permission to the attending physician to secure proper medical treatment for my son/daughter.

Parent Signature Date

List any known dates below that you have a direct conflict with a band function (all conflicts must be submitted by May 1st, or they will not be deemed unexcused!) **It is understood between the director, student, and parent that attendance at all events, rehearsals and performances with the group will receive priority if no conflicts are submitted by the deadline.**

<u>Date</u>	<u>Nature of Conflict</u>	<u>Band Function Missed</u>
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