

Band Registration and Emergency Contact Information

STUDENT NAME: _____ Age: _____ Grade: _____

CLASS: check one Beginning Band - Level I Intermediate Band - Level II Advanced Band - Level III

Primary Contact Parent/Guardian: _____

Home phone _____ Number to call during Band _____

Please include a 10 digit number to receive texts during Band _____ for discipline issues.

Other Contact : _____ Relationship _____

Home phone _____ Other phone _____

Other Individuals Authorized to pick this student up from after school classes:

Name: _____ Phone number _____ relationship _____

Name: _____ Phone number _____ relationship _____

I authorize the instructor of this class to use the following email addresses to communicate assignments and other information.

Parent Email addresses: _____

Student Email addresses: _____

Additional Emergency Contact: _____ Relationship: _____

Emergency Contact phone numbers: _____

Additional Emergency Contact: _____ Relationship: _____

Emergency Contact phone numbers: _____

If I cannot be reached, I agree to permit the supervisor of this activity to authorize emergency medical treatment for my child. Further, I understand that this music class does not carry medical insurance on participants.

In the event of an emergency, I want to make you aware of the following medical condition, or other information, concerning my child (including food allergies, insect bites, etc.):

I acknowledge that I am the natural parent and/or legal guardian, and am acting in such capacity and further that I understand the contents of this document.

Parent/Guardian (please print) _____

Parent/Guardian Signature _____ Date _____