

RULES FORM- DUE APRIL 19th

PERMISSION RELEASE ---BOTH SIGNATURES REQUIRED

I have read this handbook, understand and accept the rules and responsibilities contained in it. I promise to follow all school rules and policies during any band related activities. I promise to show up for summer practice. I promise not to quit. I will be at every band competition. I promise to give my best effort at all band events and have a good attitude.

(Student Signature) (Date)

I give the student named above permission to attend any band events or functions. I will not hold Spartanburg School District Two, Staff or Directors responsible for any personal injury or loss. I authorize medical attention to be given to the student listed above if deemed necessary.

(Parent/Guardian Signature) (Date)

HEALTH AND INFORMATION

(Please PRINT clearly and fully complete the form below)

Student's Name as you wish it to appear on roster and all performance programs:

_____ Birth Date: _____

Marching Band Instrument _____

Grade you will be in for the 2011-12 school year _____ Adult T-shirt Size _____

Parent/Guardian Name(s) _____

Home phone _____ Work phone(s) _____

Home Address _____

Student Cell _____ Parent Cell _____

Name and # in case of emergency _____

Operations: (within last year) _____

Allergies: _____

Health problems or Medications that need to be known (list all medication)
_____ (use additional page if needed)

My son/daughter has permission to swim on band trips: Yes _____ No _____

THIS FORM AND \$100 DEPOSIT DUE BY APRIL 19th

(Checks payable to Boiling Springs Band)

**ALL SIGNATURES MUST BE ON THIS FORM. THE STUDENT DOES NOT
BECOME AN OFFICIAL MEMBER UNTIL THIS FORM IS TURNED IN,
SIGNED AND DEPOSIT IS PAID.**