

LOARA BAND PROGRAM REGISTRATION FORM

Please print legibly with dark ink.

STUDENT INFORMATION

Student's Name _____
Grade _____ Male Female
Date of Birth _____ Instrument _____
Student's E-Mail _____

Street Address _____
Apartment # _____
City, State, ZIP _____
Telephone # _____

PARENT INFORMATION

Father's Name _____
Street Address _____
Apartment # _____
City, State, ZIP _____
Telephone # _____
Cell Phone _____
Father's E-Mail _____
Employer _____
Work Phone _____

Mother's Name _____
Street Address _____
Apartment # _____
City, State, ZIP _____
Telephone # _____
Cell Phone _____
Mother's E-Mail _____
Employer _____
Work Phone _____

CONFIDENTIAL INFORMATION

Please state any medical conditions that we should be aware of, or any conditions that require medical attention:

Please state the particulars of any medication(s), such as the amount to be taken and the time that it needs to be taken:

Is the student allergic to anything? Yes No

Date of Last Tetanus Shot _____

Medications: *(check one)*

My child takes no medications.

My child takes prescriptions or over-the-counter medications.

A description of any medical problem is attached.

EMERGENCY AND MEDICAL CONTACTS

If I am not available in an emergency, please notify:

Name _____
Telephone # _____

Child's Doctor's Name _____
Doctor's Telephone # _____
Doctor's Address _____
Suite # _____
City, State, ZIP _____

MEDICAL INSURANCE INFORMATION

EVERYONE MUST BE INSURED to participate in any school activity. We must have documentation of insurance with us at all times when the students go anywhere as a member of the organization.

Medical Insurance Carrier _____

Policy # _____

AUTHORIZATION AND ACCEPTANCE

_____ has my permission to participate in all official Pep Squad, Band and Colorguard activities. Our student has permission to ride official buses. As stated in California Education Code Section 35330, I understand that I hold the Anaheim Union High School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with my child's participation in all official Pep Squad, Band and Colorguard activities.

I fully understand that participants are to abide by all rules and regulations governing conduct when on trips away from the school. Any student failing to do so must be immediately transported home at the expense of his/her parent/guardian.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis, treatment and hospital care as considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Parent/Guardian _____
signature

Student _____
signature

Printed Name _____

Printed Name _____