

Harrison High School Band Participation/Insurance Form

-The wording of this is an adaptation of the physical form needed for extra-curricular participation-

Student Section:

Last Name, First Name

Date of Birth

This application to represent my school in band activities is entirely voluntary on my part and is made with the understanding that I have studied, understand and will abide by the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school, it could result in me not being allowed to participate in performances or suspension from the band either temporarily or permanently. I realize that some of the band activities may be photographed and posted on the band/school web site. I have a copy and have read the band manual and I will do my best to follow the guidelines in it and to be an outstanding band member.

Student Signature

Date

Parent Section:

I/we have read a copy the band manual (electronic copy can be found/viewed, downloaded/printed at www.harrisonbandboosters.com under the forms section) and I/we will ensure that my/our child will follow the guidelines in it and be an outstanding band member.

I/we hereby give my/our consent for the above student to represent the school in band activities. I/we also give my/our consent for him/her to accompany the band on trips and will not hold the school responsible in case of accident or injury whether it be en-route to or from another school or during practices, and I/we hereby agree to hold the school district of which this school is a part, its employees, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my/our child in any activities related to the band program of Harrison High School.

If I/we cannot be reached and in the event of an emergency, I/we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school band activities.

My son/daughter is covered by basic accident insurance for the current school year with:

Name of insurance company

Policy Number

Home Phone Number

Emergency Phone Number

Alternate Phone Number

Parent Signature

Date

Parent Signature

Date