

# LOARA BAND/COLOR GUARD PROGRAM REGISTRATION FORM 2015-2016

Please print legibly with BLACK ink.

## STUDENT INFORMATION

Student's Name _____	Street Address _____
Grade in Sept. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Apartment # _____
Date of Birth _____ Instrument _____	City, State, ZIP _____
Student's E-Mail _____	Telephone # _____

## PARENT INFORMATION

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