

Student's Name _____
Last First

In becoming a member of the Brentwood High School Band, I agree to do my personal best to carry on the tradition of excellence and success both musically and personally. I realize that conscientious attendance and preparation for rehearsals and performances are essential for the Brentwood Band to operate successfully. I fully understand the conditions set forth in the band handbook, and agree to abide by them.

Both student and parent must sign this agreement.

Student Signature Date Parent Signature Date

Please complete all information:

Instrument / Section grad. yr. M F Home Telephone # Mom's Cell # Dad's Cell #

street address zip code neighborhood (or closest to you)

parent/guardian first name(s) last name

student e-mail address parent e-mail address -very important - we would like to deliver band booster news electronically whenever possible to save on postage

Emergency Medical Consent

Phone Numbers where parents can be reached: Mom - Work _____ Dad - Work _____

Family Physician _____ Telephone number _____

Specify any medical conditions of which an attending physician should be aware:

Please list **all** over the counter and/or prescription medications, with dosage, your child has your permission to possess and administer during band functions, including overnight trips. (ex: Tylenol – as needed, Claritin – 2X per day, Albuterol – 2 puffs as needed, etc.)

Insurance information: Name of Policy Holder: _____ Employer: _____

Insurance Company: _____ Policy No. _____ Group No. _____

CONSENT: If deemed necessary by school officials during a function of the Brentwood High School Band, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way. If said physician is not able to communicate with me, the treatment necessary for the best interest of the student may be given.

Signature of Parent/Guardian Date

**STATE OF TENNESSEE,
COUNTY OF _____**

Personally appeared before me, _____, a Notary Public of said county, _____, the within named signatory with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand, at office, this _____ day of _____, 2010.

Notary Public My Commission Expires: _____