



FARWELL MARCHING BAND CAMP
 Commitment, Registration, Medical Form and Authorization - for Band Camp 2017
 CAMP WILL BE MONDAY, AUGUST 14 -FRIDAY, AUGUST 18, 2017

MAIL completed registration form AND Medical Form with your first payment to...
 Farwell Band Boosters, P.O. Box 884, Farwell, MI 48622
 All Payments must be made BEFORE Band Camp

2017 Band Camp will cost \$260 and will be held at The Springs. This fee includes the Show T-Shirt, Gloves and cleaning fees. **Additional costs to expect are for marching shoes if needed (\$32).** Students purchase their own marching shoes (through the school) and black socks, the School provides the rest of the uniform at no cost to the student.

TIMELINE

- February 1, 2017 - Commitment Form returned
- March 1, 2017 - A \$50 non-refundable registration fee along with the forms are due, which will be applied toward the total tuition fee of \$260. Any FundRaising over the total amount of Band Camp will always go into the Band Boosters General Account.
- May 19, 2017 - Final \$210 balance is due
- 2nd STUDENT DISCOUNT- Families with 2 students in the same household receive \$50 discount.
- EARLY BIRD PAYMENT DISCOUNT - Pay in full by April 7 and receive \$25 discount per student

Commitment to 2017 Marching Band and Band Camp

There are many details to make sure are taken care of in our preparation for next marching season. The School District and Band Boosters are trying to make sure we have enough uniforms, adequate instruments as well as finalizing details for The Springs.

In order to make sure we are all on the same page for our 2017 Marching Band we need to have commitments from students and parents as to whether or not they will be a part of the 2017 Marching Season. Please fill out this form to let us know what your plans are for next fall.

Return THIS Commitment form by February 1, 2017 to Mr. Shimmons

DO YOU PLAN ON BEING A MEMBER OF THE 2017 FARWELL MARCHING BAND -

YES NO

STUDENT NAME (Print) - _____

PARENT/GUARDIAN NAME (Print) - _____

DATE - _____

Sign to indicate that you understand that by signing this form you are reserving a uniform, instrument, spot at camp and registering for 2017 Marching Band.

 Parent/Guardian Signature

 Student Signature



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Part One - STUDENT INFORMATION:

Name: Last _____ First _____ Middle _____

Address: _____

City: _____ Zip: _____

Home Phone (Primary): _____ Student Cell Phone: _____

Student E Mail Address: _____

Grade Entering in Fall: _____ Graduation Class Of : _____

Birth date: _____ / _____ / _____

Instrument: (Marching) _____

Band Shirt Size: (circle one) S M L XL XXL

•ONLY IF YOU NEED MARCHING BAND SHOES FILL THE SHOE INFO OUT (\$32 extra)

Band Shoe Size: (circle one) Mens - Womans - Write in Size _____

Part Two - PARENT/GUARDIAN INFORMATION:

Guardian Names: First _____ Last _____

Work Phone: _____ Cell Phone: _____

Fathers E-mail Address: _____

Mothers E-mail Address: _____

Employer: _____

Self Employed: (circle one) YES NO Occupation/Title: _____

Second Parents Name (If there are two households):

Last _____ First _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Employer: _____

Self Employed: (circle one) YES NO Occupation/Title: _____



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Part Three - GENERAL MEDICAL INFORMATION

Family Physician _____

Insurance Co. & Policy Holder : _____ Policy No.

_____ Div. Code No. _____

1. Person other than authorized person to be notified in an emergency situation

NAME PHONE #

Address

City, State Zip Code

2. Name of All Persons to whom Camper may be released or ride with.

A. B.

C. D.

Will the student need to ride back and forth for sports practices/game? What day and times?

(This may need to be filled out right before camp)

LIST OF ALL MEDICATIONS BEING BROUGHT TO CAMP:

These MUST ALL be in the original containers with the original labels and they must be turned in at registration.



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Part Three Continued: MEDICAL HISTORY (To be filled out by parent or guardian only)

Has or Does this person;

Circle & please explain all "yes" answers below

Ever not been not allowed to participate in physical activity for a medical reason	Yes	No
Ever been hospitalized?	Yes	No
Ever had surgery?	Yes	No
Have any missing organs? (eye, kidney etc...)	Yes	No
Have any allergies to medicine or insect bites?	Yes	No
Passed out during or after exercise?	Yes	No
Been dizzy during or after exercise?	Yes	No
Have chest pain during or after exercise?	Yes	No
Tire more quickly than his/her friends during exercise?	Yes	No
Have high blood pressure?	Yes	No
Been told he/she has heart murmurs?	Yes	No
Have any skin problems?	Yes	No
Ever had a head or neck injury?	Yes	No
Ever been knocked out or unconscious?	Yes	No
Ever had a seizure?	Yes	No
Ever had a stinger, burner or pinched nerve?	Yes	No
Ever had heat cramps?	Yes	No
Ever been dizzy or passed out in the heat?	Yes	No
Ever have trouble with breathing or coughing during or after activity?	Yes	No
Have had problems with vision?	Yes	No
Wear glasses or contacts?	Yes	No
Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints?	Yes	No
Are you pregnant?	Yes	No
Have an Epi-Pen	Yes	No

Have any medical problems listed below? (Please check off)

- High Blood Pressure Mononucleosis Rheumatic Fever
 Diabetes Abnormal Bleeding Tuberculosis
 Sickle Cell Disease/Trait Hepatitis Asthma
 Other infectious Disease (List) _____
 Allergies to food or drugs? (List) _____

List dates for last Tetanus Shot: _____

Please explain all "Yes" answers from above (Use a separate sheet if needed):

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Part Four: Authorization Signatures

Photography and Videotaping Release

I hereby authorize the Farwell Area Schools and the Farwell High School Instrumental Music Program full and absolute permission to take, or contract with others to take, photographs or videotapes of my child, or minor of whom I am the legal guardian, in an education or cultural environment. Such photographs or videotapes may be published in media, print or internet form by the Farwell Area Schools or Farwell High School Band Boosters for educational and/or public information purposes without compensation or liability for such use.

Student Permission and Liability Release - For marching and the entire school year

I hereby give my permission and approval as parent(s) and/or guardian(s) for my student to attend band camp and all other Farwell High School band functions during the **entire** 2017-2017 school year. It is my understanding that these activities are approved by Farwell Area Schools and are duly chaperoned by teacher(s) and/or parent(s). I understand that Farwell Area Schools, the Instrumental Music Directors, school administrator(s), teacher(s), counselor(s), and/or chaperone(s) will assume no liability for accident or injury claims while performing their duties and/or claims incurred through the use of facilities. The undersigned individual(s) agree(s) to hold all of the above mentioned harmless with respect to such claims incurred while attending any band function. Any liability coverage desired must be furnished by the undersigned.

Tuition Binder Acknowledgement

- | | | |
|---|-----|----|
| 1. The information on these pages is current and correct to the best of my knowledge | YES | NO |
| 2. I give my child permission to be examined for medical issues for Band Camp | YES | NO |
| 3. If, in the judgment of a school representative, the named student needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary! | YES | NO |
| 4. I Agree to the Photography Authorization | YES | NO |
| 5. I understand the Tuition Binder! | YES | NO |

Parent/Guardian Name - PRINTED

SIGNED

Student Name - PRINTED

SIGNED