

Registration and Information Packet Decatur High School Bands

INSTRUCTIONS:

1. READ THROUGH ALL INFORMATION.
2. FILL OUT ALL FORMS. Be sure to include copies of your insurance card. Be certain a parent signs all of the lines with a double asterisk ** (pages 3, 4, and 5).
3. Return forms to Mrs. Williams in the Band Room or to JoEllen Holmes (address below)

JoEllen Holmes, DHS Band Camp Chair
323 Mimosa Dr.,
Decatur, GA 30030

Check the Band Website (<http://www.decaturband.org/>) for information updates.

For more information, contact:

Mrs. Megan Williams
Director of Bands
Decatur High School
(404) 370-4420
mwilliams@csdecatur.net

Band Camp 2011

- **Band Camp will be held at Oxford College of Emory University in Oxford, GA on July 17-22.**
- **Attendance at camp is mandatory**
- **Students should arrange transportation for the final day of camp – we will finish at 1 pm on Friday.**

- **Cost of camp is \$350. TOTAL BAND DUES are \$450 for regular members, and \$525 for percussionists**
 - **\$100 due with band commitment**
 - **\$100 due by June 20**
 - **Remainder due by July 14 (Band Camp Meeting Date)**
 - **Payment plans/financial assistance available for those needing assistance**
 - **No student can attend camp without paying in full or having arranged for payment plan/financial assistance.**

- **Mandatory student/parent meeting about band camp on July 14, 2010.**

DECATUR HIGH SCHOOL BANDS

REGISTRATION and DIRECTORY INFORMATION 2011-2012

Student's Name _____ Graduation Year _____

Marching Instrument _____ Concert Instrument: _____

Check one of the following:

Marching & Concert

Concert only

Auxiliary & Concert

Auxiliary only

Student's Address: _____

City _____ Zip _____ Home Phone _____

Student's Email Address _____

Student's Cell Phone: _____

Parent/Guardian 1 Name _____

Parent/Guardian Address: _____

Cell Phone _____

Home Phone: _____ Work Phone: _____

Email Address _____

Parent/Guardian 2 Name _____

Parent/Guardian Address: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email Address _____

Permission granted Permission denied

To release the above information in the 2010-2011 Decatur Band online directory

***Parent Signature*

Band Camp T-shirt Size: (check one of the following)

SMALL MEDIUM LARGE X-LARGE XX LARGE

CONSENT FOR FIELD TRIPS, MEDICAL AND RELEASE TREATMENT, INSURANCE INFORMATION, AND STATEMENT TO WITHHOLD PHOTOS, ETC

1. Consent for field trip

I hereby consent for _____ to participate in athletic team; band, orchestra, chorus, and/or any other sponsored field trips. I understand that transportation may or may not be provided by the City Schools of Decatur. In the event transportation is not provided by the City Schools of Decatur, transportation will be the student's responsibility.

****Signature of Parent(s) or guardian(s)**

2. Consent for Medical Treatment

TO WHOM IT MAY CONCERN: I, the undersigned, being the parent or legal guardian of _____ (birth date _____) hereby grant authorization to the Band Director or any chaperone of the Decatur High School Band Parents Association (DHSBPA), standing in as local parents, to obtain any emergency medical and/or surgical treatment procedures from a physician or hospital emergency room physician on behalf of the above named minor.

I also authorize the release of this student after receiving emergency treatment to the Band Director or any chaperone of the DHSBPA.

Waiver and Release

I release and waive, and further agree to indemnify, hold harmless or reimburse the City Schools of Decatur, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment.

_____ Date _____

****Signatures of parent(s) or guardian(s)**

3. Financial / Insurance Information

For and in consideration for emergency services and goods rendered by or through the attending physician(s), the undersigned guarantees payment in full, immediately upon receipt of final billing.

****Signature Date** _____

Insurance Carrier Policy No. _____

TAPE COPY of FRONT AND BACK OF INSURANCE CARD ON BACK OF THIS SHEET

4. Photo Statement

I withhold my permission for Decatur Band to display photographs, video images, or audio clips of my child, _____, in DHSBPA publications.
(Do not sign if it is ok for DHSBPA to publish your child's photo, etc.)

****Signatures of parent(s) or guardian(s) [4]**

DECATUR HIGH SCHOOL BAND MEDICAL FORM

Name _____ Birth date _____

Grade 2010-2011 _____

Marching & Concert
 Auxiliary & Concert

Concert only
 Auxiliary only

Parent/Guardian 1 Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Parent/Guardian Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Student Cell Phone _____

In the event a parent/guardian cannot be reached, who should be contacted in case of an emergency?

Name/Relationship _____

Name/Relationship _____

Phone _____

Phone _____

Insurance Carrier _____

Policy Number _____

Insurance Phone _____

Group Number _____

Doctor's Name _____

Phone _____

Date of last Tetanus Booster (Must be repeated every ten years)

_____	Reaction	Treatment Required
List all known allergies- including medications, foods, animals, insect bites, stings, and environment Allergy		