

SNHS Marching Firebirds 2021-22 Registration Contract

This is a contract made between _____, _____,
(student name) (parent name)
and the Southern Nash Music Boosters.

Important information contained in the Handbook:

- Sign up for Remind Messaging Service
- Take note of rehearsal schedule
- Link to the full band calendar
- Band camp dates
- Fees owed and Fee schedule – Completed & notarized contract paperwork is due by July 28.
- Registration closes. Minimum initial payment of \$100 due by August 6.

Note: credit/debit card payment is an option

- Participation in Band Booster organization
- Pit crew volunteers needed
- Rules/expectations – grade policy – attendance policy – performance assessments

By signing below:

- you are verifying that you have reviewed the SNHS 2021-22 Marching Band Handbook as posted on the SNHS Firebird Band home page,
- you are verifying that you have completed the registration information accurately,
- you are agreeing to the payment plan outlined in the SNHS 2021-22 Marching Band Handbook,
- you are agreeing to make payments on time,
- and you are stating that you understand the late payment fee(s) and the consequences of a lack of participation as outlined in the SNHS 2021-22 Marching Band Handbook.

_____	_____	_____
(Student Name – print)	(Student Name – signed)	(Date)
_____	_____	_____
(Parent Name – print)	(Parent Name – signed)	(Date)

NOTARY USE ONLY:

State of _____ County of _____
 I certify this to be the original document on this _____ day of _____, 20____.
 _____ My Commission Expires _____.

I have: signed up for remind
 And completed: contract medical online registration

Which of the following best represents your financial situation?
 I need financial assistance I may need financial assistance
 I can handle the fees on my own I am willing to financially assist others (\$_____)

MEDICAL HISTORY & INFO. FORM

GENERAL INFORMATION:

Student Full Name: _____

Student E-mail Address: _____ Student Cell Number: (____)____ - _____

Birth date: ____/____/____ Present Age: _____ Grade: _____

Parent Mailing Address: _____

Father's Name: _____ Mother's Name: _____

Parent E-mail 1: _____ Parent E-mail 2: _____

Legal Guardian is: _____ Cell Phone (____)____ - _____

Family Physician: _____ Phone (____)____ - _____

* In case of emergency, other responsible relative:

Phone (____)____ - _____ Relationship to Student: _____

School Insurance? YES or NO (circle one)

Family Insurance Company: _____ Policy #: _____

MEDICAL HISTORY:

Known Drug Allergies: _____

General Anesthesia Allergies: _____

Other Known Allergies: _____

Medical condition(s) currently under treatment: _____

Medication(s) currently in use: _____

Physical disabilities (i.e. asthma, diabetes, etc.): _____

Recent surgery: (When and what?) _____

Last Tetanus shot/booster date: _____

Special health problems: _____

I, _____, verify that this information is complete and accurate to the best of my knowledge. I understand it is my responsibility to notify the band director if any of this information should change during marching band season.

Parent/Guardian signature: _____ **Date:** _____