

Current Information	
Student	
Name	
Street Address	
City, State Zip	
Home Phone	
2004-2005 Grade	
Instrument	
Instrument Serial Number	
Date of Birth	
Student Email Address	
Marching Band Instrument	
T-shirt Size	

Sex Male Female Race _____ Social Security Number _____
 City, State, Country of Birth _____

Father	<input type="checkbox"/> Check if you live with this parent
Name	
Place of Work	
Occupation	
Work Phone	
Mobile Phone	
Work Email	
Home Email	
Mother	<input type="checkbox"/> Check if you live with this parent
Name	
Place of Work	
Occupation	
Work Phone	
Mobile Phone	
Work Email	
Home Email	

Volunteer Interests Please check at least one. (M=Mom; D=Dad)

<input type="checkbox"/>	Data Entry
<input type="checkbox"/>	Chaperone on trips or Games
<input type="checkbox"/>	Help with building projects
<input type="checkbox"/>	Truck Maintenance
<input type="checkbox"/>	Concessions at Glass and Heritage Games
<input type="checkbox"/>	Accounting assistance
<input type="checkbox"/>	Legal assistance
<input type="checkbox"/>	Coordinate One Fundraiser
<input type="checkbox"/>	Drive Band Truck

<input type="checkbox"/>	Video Taping
<input type="checkbox"/>	Help with uniforms
<input type="checkbox"/>	Help with sewing projects
<input type="checkbox"/>	Food planning/preparation
<input type="checkbox"/>	Music Library Organization
<input type="checkbox"/>	Trip Planning Assistance
<input type="checkbox"/>	Make/clean/repair flags
<input type="checkbox"/>	Medical staffing
<input type="checkbox"/>	Other: _____

Date of Birth	
Allergies to Foods/Medications	
List Special Medical Needs	
Is student now under medical care? List Medicines currently taking regularly?	
List any serious medical conditions, such as heart problems, asthma, diabetes, seizures, etc.	
Physician Name	
Physician Phone	
Insurance Company	
Policy Number	
Emergency Contact 1 (not parent) <i>(name, phone, cell phone, etc.)</i>	
Emergency Contact 2 (not parent) <i>(name, phone, cell phone, etc.)</i>	

Permission for Medical Treatment

I realize that I, as the Parent/Guardian, am responsible for notifying the school of any changes of the above information including change of address, new phone number, medical problems, etc. I hereby authorize the school and/or hospital to provide medical care for my child according to their best judgment, and agree to pay expenses so incurred, including ambulance transportation if necessary.

Signature of Parent or Legal Guardian: _____ Relationship to Student: _____

Parental Consent for School Field Trips

Nature of Field Trip	E.C. Glass High School Marching Band Activities
Dates of Trips/Performances	AUG 5, SEPT 24, Oct 1, Oct 8, Oct 15, Oct 29, NOV 3-7, ALL HOME GAMES, Christmas Parade—Dec 3, and other dates that may be needed.
Form of Transportation	Chartered bus; school activity bus; or personal car (Lynchburg Classic only)
Name of Teacher/Supervisor	Larry Seipp, Russell Pawlas, Bobbi Green
School	E.C. Glass High School Band
Name of Student	

**** ALL SCHOOL RULES APPLY FOR THE DURATION OF THE TRIP ****

To be read, signed by parent or guardian and returned to EC Glass on or before June 13. I, the undersigned parent/guardian of the aforementioned student, give permission for him/her to participate in the field trips as outlined above on this form. I fully understand that this is a school function and that all school and band rules apply for the duration of the trip. I also understand that students in violation of school rules will be subject to discipline according to school and school board policies and regulations.

Signature of Student: _____

Signature of Parent: _____ Date _____

Please return this form to the Glass Band at 2111 Memorial Avenue, Lynchburg, VA 24501