

North Hardin Band Information Sheet/Travel Form

Please complete and hand in before the end of the meeting!

Student Name: _____ Student E-mail: _____

Section (Instrument/Color Guard): _____ Grade: _____ Shirt Size: _____

Parent / Guardian Name 1: _____

Parent / Guardian Name 2: _____

Address: _____

Phone 1: _____ Phone 2: _____

Parent E-mail(s) _____

Best means of communication (circle one) Phone / Text / E-mail

Sibling in marching band? (Y/N) _____ Name of Sibling: _____

Insurance carrier: _____ Policy number/ID Number: _____

Group Number: _____ Plan: _____

Allergies: _____

Emergency Contact: _____ Relation to Student: _____

Emergency Contact Address: _____

Phone: _____

I, _____, understand and am aware of the responsibilities of the guidelines and policies set forth for the 2019-2020 North Hardin High School Marching Band season. Additionally, I understand the financial obligation of my child participating in marching band and agree to the payments according to the payment plan. I also understand that for my child to participate, all previous balances must be paid. Non payments nor effort to reach out to band staff may result in possible removal from the marching band .

My child has my permission to travel to competitions, parades, and other required events.

Parent's signature

Date