

TL HANNA MARCHING BAND

Last Name		First Name		Middle Name	
Student's Cell Phone		Date of Birth		Fall Grade	
M	F	Colorguard	Instrumentalist	Marching Instrument	
Street Address			Do you own your instrument: Yes No		
City		State		Zip Code	
Student Lives with:		Both Parents	Mother	Father	Guardian
Parent's 2 nd Address (If applicable)		City		State	Zip Code
Mother/Guardian's Name			Father/Guardian's Name		
Primary Phone			Primary Phone		
E-mail			E-mail		
Alternative Emergency Contact (other than parent/guardian)					
Emergency Contact Name		Contact Phone		Relationship to student	
Address		City		State	Zip Code
Medical and Insurance Information					
Physician's Name				Phone Number	
Insurance Company		Policy/Group Number		Insurance Phone Number	
Insured's name		Insured Employer		Insured Date of Birth	
List any medications presently taken			Allergies/Special health conditions		
Parent/Guardian's signature				Date	

- ❖ I give any Band Director, staff member, and/or any authorized chaperone and/or certified medical personnel authority to seek and/or render medical aid for my child in the event of an illness or injury.
- ❖ I also understand that **NO MEDICATION** will be administered to my child unless I provide the medication, in its original container, with a signed District 5 Permission for Medication Form.
- ❖ My child has permission to participate in all activities of the TL Hanna Marching Band as required by the band directors.

Letter of Mutual Consent

I, the undersigned, have read and agree to follow all the policies as set forth in the TL Hanna Band Handbook. This handbook is listed on the Hanna Band Site (www.hannabands.org). We understand that the students' pictures and videos may be included on the Hanna Ban and school web page along with other news based mediums. We also understand that a key success factor of the TLHB is a committed and dedicated group of students that want to participate at the level required for excellence. This commitment starts with Summer Band Camp and continues throughout the entire year. We agree that to all attendance polices and understand that each member is dependent on each other for the success of the organization as a whole. The privilege of membership in the TLHB carries with it specific responsibilities in attendance, maintaining acceptable grades in all classes, an acceptable discipline record in school and in the community. These responsibilities also include full participation in fund-raising activities and payment of fees that are necessary to fund all band activities. The TL Hanna Band students and parents work together for the total success of all our groups and members. A hard copy of the Hanna Band Handbook is available upon request.

Signatures below signify agreement with the *"Statement of Mutual Consent and Cooperation"*

Student Signature: _____ Date: _____

Student's Name Printed: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name Printed: _____

Type of instrument	Manufacture
Serial Number:	

The Hanna Band sends out weekly emails as reminders of the schedule in addition to additional information of interest to the band family. These emails are our PRIMARY means of communication, however due to technical issues it is difficult for us to know who is actually receiving these messages. Please list you **PRIMARY** email that is used so that we may communicate effectively with you and your family. Please also list your **PRIMARY** cell phone and the service provider (Sprint, AT&T, etc) as we occasionally send out text reminders.

Primary Family E-mail	
Primary Contact Cell	Cell Phone Carrier