

Application for Band Aid

Name_____

Grade_____Age_____Adult T-Shirt Size_____School_____

Address_____Zip_____

Home Phone_____Your Cell Phone_____

Parent's Name_____

Parent's Cell Phone_____

E-mail address_____

I prefer to receive information/reminders by e-mail_____phone call_____

Band Aid Guidelines - 2011

1. Be sure to eat BEFORE you arrive
2. Meet in the band hall at the designated time & wear your Band Aid shirt & tennis shoes. NO flip flops!
3. Meet *by* the buses (not in the buses) while the band loads their bus to go to the game.
4. Stay with the group unless working or given permission to get food/drink, etc. Always take someone with you when leaving the group. **NEVER** go anywhere alone.
5. Help each other with all jobs as needed and make sure you understand your job for halftime – ask questions!
6. Always carry large or heavy boxes, totes, ladders, etc. with a partner.
7. Always report to the truck before getting on the bus to return home so that we can count to make sure everyone is present.
8. **YOU MUST** check with the Band Aid chaperone and sign out before you leave the band hall.
9. Remember, your primary purpose is to support the band. You are a representative of your band as well as the LD Bell band whenever you are with them. Act accordingly!

I have read the Band Aid Guidelines and agree to abide by them.

Student Signature

Date

Parent Signature

Permission Form

I, _____ give _____
(Please Print Parent's Name) (Please Print Child's Name)
permission to participate as a Band Aid for the L.D. Bell Band at football games for the 2011 football season. I understand they are to ride the bus to and from the game with the band.

Parent Signature

Date

L.D. BELL HIGH SCHOOL BAND • EMERGENCY MEDICAL RELEASE FORM

STUDENT'S LEGAL NAME AND IDENTIFICATION

First _____
Middle _____ Gender _____ (M, F)
Last _____ Graduation Yr _____
Generation Code _____ (1 Jr 2 Sr 3 II 4 III 5 IV 6 V) Birth Date (mm/dd/yyyy) _____
Home Language Code _____ Ethnicity Code _____
01 Spanish 04 Cambodian 07 Japanese 98 English 1 American Indian/Alaskan Native 4 Hispanic
02 Vietnamese 05 Chinese 08 French 99 Other 2 Asian/Pacific Islander 5 White, Non-Hispanic
03 Laotian 06 Korean 09 German 3 Black, Non-Hispanic

STUDENT'S RESIDENCE AND HOME PHONE

Apt No _____ Apt Complex _____
Street Number _____ Street Name _____
City, St, Zip _____
Home Phone _____ Listed/Unlisted _____

PARENT OR GUARDIAN INFORMATION AND CONTACT NUMBERS

Student Resides With _____ Legal Guardian is _____ (if different from Resides With)
1 Both Parents 2 Mother & Stepfather 3 Father & Stepmother 4 Mother Only 5 Father Only 6 Other Guardian 7 Self
Guardian 1 Name (Last, First) _____
Apt No _____ Apt Complex _____
Street Number _____ Street Name _____
City, St, Zip _____
Work Phone _____ Mobile Phone _____
Guardian 2 Name (Last, First) _____
Apt No _____ Apt Complex _____
Street Number _____ Street Name _____
City, St, Zip _____
Work Phone _____ Mobile Phone _____

LOCAL EMERGENCY CONTACTS (If Parent/Guardian Not Available)

Contact 1 _____ Contact 2 _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Mobile Phone _____ Mobile Phone _____
Doctor Name _____ Hospital _____
Doctor Phone _____

*I hereby authorize the person(s) listed as EMERGENCY CONTACTS and DOCTOR on this form to be notified at the school's discretion and do authorize the named doctor/emergency doctor to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further assume the responsibility for payment of any professional emergency services required. *I also consent to the designated personnel of the HEBISD for my child to participate in any type of band-related activities and trips during the school year that a professional school employee may deem necessary for educationally/instructionally related experiences. I further consent to medical treatment for my child in the event medical attention becomes necessary while involved in any band-related activities or trips. This authorization includes the authority to sign releases on my behalf for medical services.

By my signature below, I consent to and give authorization for all areas detailed above on behalf of my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____