

**POPE HIGH SCHOOL
MARCHING BAND REGISTRATION 2008**

Student's Name: _____ Graduation Year: _____

Instrument: _____ Marching Band: ____ Friday Show Band: ____ Concert Band: ____

Student's Address: _____

City: _____ ZIP: _____ Home Phone: _____

Subdivision Name: _____

Student Email Address: _____ Cell Phone: _____

Parent/Guardian Email Address: _____

Father's Name: _____ Cell Phone: _____

Place of Business: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Place of Business: _____ Work Phone: _____

Band Camp T-Shirt Size: [] SMALL [] MEDIUM [] LARGE [] X-LARGE [] XX LARGE

I have read the Rules and Regulations and the Rehearsal/Performance Schedule concerning Pope Band activities and understand my obligations as a band member.

Student Signature: _____ **Date:** _____

Band Activity Fee and Uniform Fees

Marching Band Activity fees are \$700 (\$500 for 2nd family member), Friday Night Band fees are \$250 and Concert Band fees are \$150 for the year; and partially cover the cost of band camp, instruction, props, instrument repair, and other costs. Fundraisers cover the remaining costs. Uniform fees are \$100 (\$50 rental and \$50 cleaning). Colorguard members do not pay Uniform fees. Students must pay for their own accessories (shoes - \$37, gloves - \$4, poncho - \$6). See separate order form. Trip costs are separate.

Note: *High School students who still have overdue fees may not register until those past-due fees are paid or arrangements have been made with the PBPA Presidents or Pope High School Band Directors.*

Payment Options (make checks payable to Pope Band Parents Association)

- 1) Pay the entire Marching fee of \$800 (\$700 for Colorguard), Friday Show fee of \$250, or Concert \$150 with your application at registration.
- 2) Marching Band may pay in 3 installments:
 - 1st Installment due of \$300 (\$200 for Colorguard) due with your application
 - 2nd Installment due of \$250 due no later than June 15th
 - 3rd Installment due of \$250 due no later than July 15th
- 3) Pay through Birdies for Charity. All fees must be paid to AT&T by the invoice date, no later than July 15th.

DEADLINE for Application and Fees is TUESDAY, May 6, 2008.

**Mail to: Pope Band Parents Association
3001 Hembree Road
Marietta, GA 30062**

**COBB COUNTY SCHOOL DISTRICT
PARENTAL CONSENT
For
ATHLETIC TEAM, BAND, ORCHESTRA, CHORUS, and/or ANY
OTHER SCHOOL SPONSORED FIELD TRIPS**

Consent

I hereby consent for _____ to participate in athletic team; band, orchestra, chorus, and/or any other sponsored field trips. I understand that transportation may or may not be provided by the Cobb County School District. In the event transportation is not provided by the Cobb County School District, transportation will be the student's responsibility.

Consent For Medical Treatment

TO WHOM IT MAY CONCERN: I, the undersigned, being the parent or legal guardian of _____
Birth date _____, hereby grant authorization to the Band Director or any chaperone of the Pope High School Band Parents Association, Inc. (PBPA), standing in local parents, to obtain any emergency medical and/or surgical treatment procedures from a physician or hospital emergency room physician on behalf of the above named minor.

I also authorize the release of this student after receiving emergency treatment to the Band Director or any chaperone of the PBPA.

Waiver and Release

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment, if any.

Signatures of parents(s) or guardian(s) _____ **Date** _____

Financial / Insurance Information

For and in consideration for emergency services and goods rendered by or through the attending physician(s), the undersigned guarantees payment in full, immediately upon receipt of final billing.

Signature: _____ **Date:** _____

Insurance Carrier: _____ **Policy No.:** _____

You must attach copies of the front and back of your insurance card(s) for our records.

TAPE COPY OF FRONT OF CARD HERE

TAPE COPY OF BACK OF CARD HERE

Pope High School Band Medical Form

Name: _____ Birth date: _____ Grade 2008/09: 9 10 11 12

Mailing Address: _____

Marching & Concert _____ Friday Night Band & Concert _____ Concert only _____

Color Guard & Concert _____ Color guard only _____

Marching Band Instrument: _____ Concert Instrument: _____

Mother's Name _____ Home Phone _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Student Cell Phone: _____

In the event a parent/guardian cannot be reached, who should be contacted in case of an emergency?

Name/Relation _____ Name/Relation _____

Phone: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Insurance Phone: _____ Group Number: _____

Doctor's Name: _____ Phone: _____

Additional Information you think we need to know (please use back of sheet)

List **All known allergies**- including medications, foods, animals, insect bites, stings & environment

Allergy	Reaction	Treatment Required

List **All known conditions**, including, asthma, diabetes, low blood sugar, blood pressure, etc.

Condition	Treatment	Medication Required

List **ANY additional medications** being used by the student:

I give permission for the band's first aid personnel to administer the following over-the-counter medications as needed.

Please circle YES or NO for each medication listed.

Ibuprofen	YES	NO	Antihistamines:	YES	NO	Pepto Bismol	YES	NO
Acetaminophen	YES	NO	Oral	YES	NO	Tums	YES	NO
Cough Syrup	YES	NO	Topical	YES	NO	Bug Spray (containing deet)	YES	NO

I understand that in the event that a parent or guardian cannot be reached or immediate attention is required, the PHS band or any of its designated volunteers has my permission to seek appropriate medical attention. It is the parent's/guardian's responsibility to update this record if necessary.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Date of last Tetanus Booster: (Must be repeated **every ten years**): _____