



Liberty High School Band Department

REGISTRATION AND MEDICAL FORM – FALL 2023

MARCHING BAND

COLORGUARD

STUDENT INFORMATION:

| | |
|------------------------------|-----------------------|
| Name: | Date of Birth: |
| Address: | |
| Phone #: | Email: |
| Primary Instrument: | Secondary Instrument: |
| High school graduation year: | |

PARENT/GUARDIAN 1 INFORMATION

| | |
|-----------------------|--------|
| Parent/Guardian Name: | |
| Address: | |
| Phone #: | Email: |

PARENT/GUARDIAN 2 INFORMATION

| | |
|-----------------------|--------|
| Parent/Guardian Name: | |
| Address: | |
| Phone #: | Email: |

Liberty High School Release and MEDICAL CONSENT Form

This form is for basic information in case of an emergency, liability release, and an authorization for emergency medical treatment. Every effort will be made to contact parents/guardian prior to any treatment. NOTE: Most medical facilities will not perform medical treatment on minors without parental consent or legal authorization.

| | |
|-------------------------------|--------------------------|
| Additional Emergency Contact: | Relationship to student: |
| Phone #: | Work #: |
| | Cell #: |

| |
|---|
| Allergies: |
| Other food restrictions: |
| Medical conditions requiring special consideration: |

Does your student use (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **List any prescription medication the student is currently taking:**

I hereby agree to release Liberty High School, its representatives, agents, servants, and employees from liability for any injury to above named person, resulting from any cause whatsoever occurring to above named person at any time while participation in the field trip, including travel to and from the activity, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

I voluntarily authorize the advisor or chaperone to administer and/or obtain routine or emergency diagnostic procedures and/or routine medical treatment for the above-named person as deemed necessary by medical judgment.

HEALTH INSURANCE INFORMATION:

| | | |
|-------------------------------|-----------|----------|
| Company Name: | Policy #: | Group #: |
| Parent/Guardian Printed Name: | | Date: |

| |
|----------------------------|
| Parent/Guardian Signature: |
|----------------------------|



Liberty High School Band Department

PARTICIPATION FEES – FALL 2023

FEES:

| | | | |
|-------|--------|-------------------|--|
| _____ | \$1090 | Participation fee | This item is required |
| _____ | \$35 | Uniform fee | This item is required |
| _____ | \$45 | Shoe fee | Required if new or replacement marching shoes are needed this season |
| _____ | \$20 | Stick fee | Required if performing in the battery |
| _____ | \$20 | Glove fee | Required if performing in the guard |

DISCOUNTS:

| | | | |
|-------|---------|-------------------------------|--|
| _____ | - \$640 | Volunteer commitment discount | 32-hour volunteer commitment. Unfulfilled hours are billed at \$20/hr at end of season |
| _____ | - \$75 | Multi-student discount | -\$75 for second student and -\$150 for third student in a family, concurrently enrolled in band |
| _____ | - \$*** | Student account credit | If you have a credit in your student's band account, indicate how much you want to use |

optional SPONSORSHIPS:

| | | | |
|-------|-------|-----------------------------|--|
| _____ | \$200 | <i>Quarter Note Sponsor</i> | Note Sponsors support a quarter, half, or whole student in exchange for recognition and benefits. See Sponsorship Levels handout for more details. |
| _____ | \$400 | <i>Half Note Sponsor</i> | |
| _____ | \$800 | <i>Whole Note Sponsor</i> | |
| | | | <input type="checkbox"/> Check this box if you prefer to remain an anonymous sponsor |

TOTAL:

\$ _____ Total amount due for the season

PAYMENT PLAN (choose one):

| | | |
|-------|--------------------------------|---|
| _____ | Payment in full | The minimum payment due by August 15, 2023, is \$200 plus uniform fee, stick fee (if needed) and glove fee (if needed). Remaining balance is due by November 15, 2023. |
| _____ | Split payment | |
| _____ | 4 Monthly Payments (Aug - Nov) | |
| _____ | Full or Partial Scholarship | Future payments can be dropped in the gray LBB lockbox on the wall near Mr. Soon's office door. For free/reduced lunch students. Must complete the scholarship form. |

PAYMENT:

\$ _____ Payment today Cash Check (# _____) CC

By signing this document, I have read, understand, and agree to pay these expenses and complete my volunteer and fundraising requirements for the 2023 Fall Season. I acknowledge Liberty Band Boosters may photograph the group and use the photographs taken to publicly promote the activities of the band programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Printed Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____