**2017 Dixie Heights Band**

**SIGN-UP Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade during 2017-2018 school year: \_\_\_\_\_\_

Instrument or section (be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt Size (adult sizes): \_\_\_\_\_\_\_\_\_\_ Shoe Size \_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By returning this signed form, I give my child permission to be a member of the

2017 Dixie Heights Marching Band. We also understand that:

* My child, and I, have read and agree to EVERY aspect of this handbook.
* My child, and I, are committed to the ENTIRE 2017 marching band season.
* My child will be attending rehearsals, camps, football games, Saturday competitions, parades, field trips and other community events.
* Pictures and video of my child will be taken during performances/rehearsals and may be published on the website, newspapers or other positive media.
* I will be given proper notification of all events by the Director(s) and can communicate at any time with the Director(s)
* My child will be transported to and from band competitions and on busses provided by Kenton County Schools
* I will be called upon to help the band in their positive endeavors.
* I have checked that all dates will work with my calendar and that I will contact the Director(s) in advance with any conflicts.
* I will pick up my student from the band room in a timely manner at the end of each activity.
* I will contact the Director(s) at any time with questions, comments, and/or concerns.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_