

Group 352 Indoor Percussion

STUDENT INFORMATION

Last Name _____ First Name _____ Nickname _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Birthdate _____ Age _____ E-mail address _____

Are you allergic to any medications, insects etc..... Yes or No

If yes, please list _____

Do you have any medical conditions, Asthma, Diabetes, etc.... Yes or No

If yes, please list _____

Are you taking any medications? Yes or No

If yes, please list _____

PARENT INFORMATION (circle one) Mom Dad Other _____

Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

PARENT INFORMATION (circle one) Mom Dad Other _____

Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

INSURANCE INFORMATION

Insurance Company Name _____ Phone _____

Insurance Company Address _____ City _____ State _____ Zip Code _____

Insured's Name _____ Relation _____ Insured's Birthdate _____

Insurance ID# _____ Group # _____

Insured's Employer _____

I give my permission for _____ to be transported to and from all FFCC competitions and to participate in all activities associated with Group 352 Indoor Percussion. In the event that I cannot be reached in an emergency I hereby give my consent to the Chaperones or Instructors of Group 352, and authorize any emergency medical treatment including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care needed to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act, and that I will be responsible for all expenses arising in association with such treatment. I also give my permission to the Instructors and Chaperones of Group 352 to give any over the counter medications when needed to my child.

Parent/Guardian Signature _____ Date _____