**2018 Rutland Summer**

**Band**

**Registration**

BAND MEMBER INFORMATION - This section to be filled out by the band member

Name M/F \_\_\_\_

Age \_\_\_ Instrument \_ \_\_\_\_

School attending fall 2018 \_\_ Grade \_\_\_\_\_

Address \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Town, State Zip code

How did you hear about the band? e

● Attendance at all rehearsals is appreciated. Please inform Mrs. Fitzgerald ahead of any rehearsal(s) you will miss.

● Band members must practice at home as necessary for productive rehearsals. Any band member who is consistently unprepared for rehearsal due to lack of practice will be not be allowed to continue participating in the band. Band members must be able to play their music in order to perform in the final concert. Individual help on music is available by contacting Mrs. Fitzgerald.

●All band members are expected to perform in the final concert. Our bands are small; any change in personnel affects the entire group and requires hours to rearrange music. Please consider this commitment carefully.

● I understand and agree to each of the above policies.

\_\_\_\_\_\_ \_\_\_\_\_\_\_

Band Member Signature Date

*Please have your parent/guardian complete the next page.*

PARENT/GUARDIAN INFORMATION 2018 Rutland Summer Band Registration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian email

***Email is the primary line of communication to and from Mrs. Fitzgerald for routine messages.***

*Please note if you would rather be contacted by phone.*

phone #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name Number

(please circle one): home cell phone work/other

phone #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name Number

(please circle one): home cell phone work/other

Who should be contacted in case of emergency if you cannot be reached?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(please circle one): home cell phone work/other

Would you like your contact information made available to other band members for carpooling or other purposes?

Yes No

The Fine Print

● I agree not to hold responsible the Jane Fitzgerald Music Studio, the owners of the premises where the program is held, or any of the parties connected with the program for any injury or accident that may occur during the program.

● I grant permission to Jane Fitzgerald to seek medical care for my child in the event that a family member or emergency contact cannot be reached.

● I understand that if Mrs. Fitzgerald finds my child’s behavior negatively interferes with the band’s progress my child will be dismissed from the band.

● I agree to the “Commitment” agreement in the band members’ registration section.

● Photographs of my child participating in the 2018 Rutland Summer Bands

\_\_\_may / \_\_\_\_\_may not be taken and displayed.

● I understand and agree to each of the above policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

*Please have your child complete the previous page.*