

GARNER MAGNET HIGH SCHOOL BANDS  
2101 Spring Drive  
Garner, NC 27529  
Office:(919) 662-2404 Fax: (919) 662-2397  
<http://www.garnerbands.com>



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## Garner Magnet High School Bands 2011-2012 Marching Band Commitment Contract

I, \_\_\_\_\_ (name) will be a member of the 2011-2012  
Mighty Trojan Marching Band.

I will attend **ALL** rehearsals, band camp, football games, competitions, parades, and other marching band performances as set forth by the band director and further understand that **all activities of the marching band, whether planned months or days in advance, are mandatory.** I realize that consequences will result from failure to attend and from arriving tardy. These consequences may include being held out of performances and/or expulsion from the band.

I understand that the Fair Share payment is \$350, plus the cost of shoes, gloves, sticks and other necessities for quality marching band performance. This Fair Share must be met by the dates set forth by the Garner Magnet High School Band Boosters as outlined in the Fair Share document. I understand that money that has already been paid will be prorated based on the amount of money already spent, if I choose not to participate after the beginning of band camp. If I do not meet my financial obligations in a timely manner without the permission of the director, I understand that I may be held out of rehearsals or performances. If my Fair Share is not met, I expect the band to keep a 008 form on file with Garner Magnet High School until I meet my financial obligation.

I agree to follow all guidelines and procedures set forth by the Garner Magnet High School Band and understand the high level of visibility that comes with being a member of the band.

I understand the above information concerning membership in the Garner Magnet High School Mighty Trojan Marching Band and agree to do my best to make the band as successful as possible.

**To secure a spot in the 2011-2012 Mighty Trojan Marching Band the first \$50.00 fair share deposit must be received no later than June 1st, 2011.**

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Garner Magnet High School Bands 2011-2012 Marching Band Medical Form**

Student Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Alternate emergency contact and phone number: \_\_\_\_\_

\_\_\_\_\_

### **Insurance Coverage**

Company: \_\_\_\_\_ Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

**Medical History (Please circle if applicable)**

Allergy to bee stings      Asthma      Epilepsy/Seizure      Dizziness/Fainting

Diabetes/Hypoglycemia      High Blood Pressure

Please list any allergies or other health problems: \_\_\_\_\_

\_\_\_\_\_

Allowed medications and doses:

*Aspirin*                      Yes No 1 or 2      *Tylenol*                      Yes No 1 or 2

*Advil*                      Yes No 1 or 2      *Pepto Bismol*                      Yes No Adult Dosage

*Maalox/Antacid*      Yes No                      *Benadryl*                      25 mg Yes No 1 or 2

My child is on the following prescription or over-the-counter medication (list medication and dosage): \_\_\_\_\_

\_\_\_\_\_

Note: Only medications listed on this form may be taken by the minor while at band camp unless prescribed by the infirmary physician.

My child has my permission to receive any emergency treatment, both diagnostic and definitive, which may become necessary during the camp session and authorized band trips for the 2011-2012 school year. This emergency treatment includes, but is not limited to, the administering of medications listed above. Further, I understand that all actions taken will be in the best of interest of my child and, in case of an accident, the Wake County Public School System, Garner Magnet High School, the director, or chaperones will not be held responsible.

I understand and agree to the conditions in the above medical form:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_