



REQUIRED FORMS

The following forms are required for all students and must be filled out and returned to Mr. Pendergrass by the first day of band camp before students will be allowed to participate in any band activities.

- Health and Medical Record
- Information and Policy Agreement Form
- Field Trip Permission Form
- Publicity Release Form



INFORMATION FORM & POLICY AGREEMENT

2023-2024

STUDENT INFORMATION

Name: _____	Grade (Fall 2023): _____
Email Address: _____	Cell-Phone Number: _____
Marching Band Section (Instrument/Color Guard, etc.): _____	
Mailing Address: _____	
City: _____	State: ____ Zip: _____
T-Shirt Size (Adult): XS S M L XL XXL	

PARENT/GUARDIAN INFORMATION

Mother's Name (Guardian 1): _____	
Email Address: _____	Cell-Phone Number: _____
Father's Name (Guardian 2): _____	
Email Address: _____	Cell-Phone Number: _____

POLICY AGREEMENT

We have read/completed the Mountain View High School Band policies/forms and we understand the responsibilities of being a member of the program. As such, we have read and agreed to the following documents and policies: **(Initial next to each)**

<input type="checkbox"/> WELCOME LETTER	<input type="checkbox"/> VOLUNTEER OPPORTUNITIES
<input type="checkbox"/> IMPORTANT BAND DATES	<input type="checkbox"/> USING CHARMS
<input type="checkbox"/> PARTICIPATION FEES/FINANCIAL POLICIES	<input type="checkbox"/> REHEARSAL CHECKLIST
<input type="checkbox"/> ATTENDANCE POLICY	<input type="checkbox"/> EASY MONEY
<input type="checkbox"/> PUBLIC EXPECTATIONS/ETIQUETTE	<input type="checkbox"/> FUNDRAISER POLICIES
<input type="checkbox"/> UNIFORM POLICY	

In addition, we are aware that ALL dates/information/fundraisers are available on the band website, www.mtnviewband.org, and agree to check this weekly for updates.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



HEALTH & MEDICAL RECORD

2023-2024

Name: _____ Birthdate: _____

Home Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, notify: _____ Relationship: _____

Phone Number (s): _____

Medical Conditions: _____

Does Student take medication? _____ If so, what medication(s)? _____

Do you give permission for chaperones to give your student over-the-counter medication if need arises?

_____ Yes _____ No Are they up to date on Immunization? _____

Operations and/or serious injuries and dates: _____

Please list any allergies: _____

Is there any other information, instructions or legal restrictions that would be significant in the care of your child? _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Phone Number: _____

Insurance Policy Holder: _____ Insurance Group Number: _____

TRAVEL AND MEDICAL RELEASE

I give permission for my child to accompany the Mountain View Band on all scheduled trips during the 2023-2024 school year. In case of an emergency, I give permission for a band director and/or accompanying chaperone to authorize treatment by a physician or hospital for my child during all MVHS trips during the 2023-2024 school year.

Signature of Parent or Guardian: _____ Date: _____