## **2018 Homedale Marching Band Registration Sheet**

Parent Contact Information:			
Name (print):			
Home Phone:			
Cell Phone:			
Email:			
Marching Uniform:			
Student Shoe Size:	-		
Student T-Shirt Size:	(adult sizes: S, M, L, XL,X	(XL)	
I would like to purchas	se additional shirts a	t \$10 each, sizes:	
Marching Fees:			
and competition fees. The check (made out to <i>Home</i>	e fee may be paid in cash (c edale Marching Band). <b>This</b>	s for uniform dry cleaning, shoes, t-shirts, deposit money at the school office) or as fee may be waived if a student nmer (see website for dates).	
Medical Authorization Form:			
I,, be	ing the parent and/or legal	guardian of	
•	ld appear to need medical	School to seek and obtain medical care care. My child has the following allergies I agree to be financially responsible	6
	provided to my child under	this authorization. My health insurance ificate number is	
Signature of Parent/Guardian:		Date:	
Grades and Attendance Policy:			
<ul><li>Students may not have</li><li>Students may not have</li></ul>	ve more than two unexcuse ve more than one unexcuse ve more than four unexcuse	n class to participate in marching band.  Ed rehearsal absences during the season  Ed performance absence during the seas  Ed tardies during the season.  En or removal from the band.	
I have read this form and comple attendance policy set forth in thi	-	ilities. By signing below, I agree to the	
Signature of Student:		Date:	_
Signature of Parent:		Date:	_