CR North Marching Band Commitment Contract - 2020

This form must be returned to ensure your placement with the Marching Band. Return the contract directly to Mr. Bishop, Mr. Rudat, Mr. Dolan, or mail to:

Council	Rock North HS • 62 Sw	vamp Rd. • Newtow	n, PA 18940 • Attn: Mr. Bishop
		9 10 11 12	
Student's Full Name (Print)		Grade Level 2020-2021	Instrument or Section (e.g. <i>Flute</i> or <i>Colorguard</i>)
Parent Name(s)			Phone(s)
	t that is necessary. I understand	d that success for the band i	edule, policies, and procedures as presented on www.crnmb.org is dependent on each member's contribution, and that I must
X			
Member Signature	Date		
	•	~	e downloaded, read and understand the schedule, policies, and ffort to help my child meet those obligations.
X			
Parent Signature	Date		
Keleas	e and waiver of Liabili	ty, Assumption of R	isk, and Indemnity Agreement
I/We,	(Parent name(s))		, do hereby agree that:
Marching Band member(s):			
(Student name)	(Student name)	(Studer	nt name)
do hereby agree and affirmatively	state the following:		
	ivities, any or all of which may be		ance at home and away football games, travel, competitions, y child/children are in good health and in proper physical condition to
actions or inactions of others, the	conditions in which the activity ta	ikes place, or the negligence o	which may be caused by my child/children's actions, or inactions, the of others. I/we I fully accept and assume all such risks and all participation in Marching Band activities;
volunteers, and employees, and ov on my account or my child/childre	wners and lessors of premises on n's account caused or alleged to by children make(s) a claim against	which the activity takes place be caused in whole or in part l any Releasees, I will indemnit	ainst the CRBPA, its respective directors, officers, members, e ("Releasees"), from all liability, claims, demands, losses, or damage by the negligence of Releasees; and I further agree that if anyone or fy, save, and hold harmless the Releasees from any litigation aim.
inducement or assurance of any na			
any portion of this Agreement is h		ete and unconditional release	nent ("Agreement"), and have signed it freely and without any of all liability to the greatest extent allowed by law and agree that if a full force and effect.
XParent Signature	ature and intend it to be a comple eld to be invalid the balance, not	ete and unconditional release	of all liability to the greatest extent allowed by law and agree that if

COUNCIL ROCK MUSIC DEPARTMENT EMERGENCY MEDICAL FORM

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention while participating during a Music Department function, we request your authorization to act until you may be reached/available. Please read and complete the statement below. Your signature will provide the authorization that we will need. Thank you for returning this medical form to the Music Department, <u>IMMEDIATELY</u>.

STUDENT NAME	BIRTH DATE	
HOME ADDRESS		
.	HOME PHONE	
FATHER'S NAME	WORK PHONE	
MOTHER'S NAME	r that may be contacted in an emergency.	
NAME	PHONE	
HEALTH INSURANCE CARRIER	POLICY NO	
PHYSICIAN'S NAME		
	PHONE/FAX	
Please note any medical condition of which we sh	ould be aware.	
ALLERGIES		
TETANUS BOOSTERSPEC		
PRESENT MEDICATIONS		
In the event that I cannot be reached and my representative from the Council Rock School Dist	son/daughter requires medical attention, I authorize a rict to act in my behalf.	
PARENT/GUARDIAN SIGNATURE	DATE	
	school physician to administer Acetaminophen (generic when necessary. I give my consent for my child to receive	
PARENT/GUARDIAN SIGNATURE	DATE	