

CR North Marching Band Commitment Contract - 2021

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 Swamp Rd. • Newtown, PA 18940 • Attn: Mr. Bishop

Student's Full Name (Print) 9 10 11 12
Grade Level 2021-2022 _____
Instrument or Section (e.g. *Flute* or *Colorguard*)

Parent Name(s) _____
Phone(s)

I plan to be a member of the CR North Marching Band. I have read and understand the schedule, policies, and procedures as presented on www.crnmb.org, and understand the commitment that is necessary. I understand that success for the band is dependent on each member's contribution, and that I must meet all rehearsal and performance obligations to earn the best possible grade.

X _____
Member Signature _____
Date

My child has permission to participate in all activities of the CR North Marching Band. I have downloaded, read and understand the schedule, policies, and procedures and understand the rehearsal and performance obligations. I will make every effort to help my child meet those obligations.

X _____
Parent Signature _____
Date

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I/We, _____, do hereby agree that:
(Parent name(s))

The Council Rock Marching Band Parent Association, Inc. ("CRBPA") is comprised of parents of students who participate in the musical activities conducted by the Council Rock High School marching band ("Marching Band"). Further, the Marching Band program requires the efforts of many parent volunteers, without which the Marching Band program would not be possible in its current scope. In consideration of all such efforts on the part of volunteer officers, directors and members that directly or indirectly benefit my child/children and the program in general, I/we, as parent(s), custodial parent(s) and/or guardian(s) with legal responsibility for Marching Band member(s):

_____, _____, _____
(Student name) (Student name) (Student name)

do hereby agree and affirmatively state the following:

1. I/we understand that Marching Band activities include but are not limited to practice, performance at home and away football games, travel, competitions, parades, fundraising and social activities, any or all of which may be supported by the CRBPA. My child/children are in good health and in proper physical condition to participate in Marching Band activities;
2. I/we fully understand that: Marching Band activities involve risks and dangers of bodily injury which may be caused by my child/children's actions, or inactions, the actions or inactions of others, the conditions in which the activity takes place, or the negligence of others. I/we I fully accept and assume all such risks and all responsibility for losses, costs, and damages I/we incur, or my child/children incur, as a result of participation in Marching Band activities;
3. I/we hereby release, discharge, and covenant not to institute legal proceedings of any kind against the CRBPA, its respective directors, officers, members, volunteers, and employees, and owners and lessors of premises on which the activity takes place ("Releasees"), from all liability, claims, demands, losses, or damages on my account or my child/children's account caused or alleged to be caused in whole or in part by the negligence of Releasees; and I further agree that if anyone on my behalf or on behalf of my child/children make(s) a claim against any Releasees, I will indemnify, save, and hold harmless the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.
4. I/we have read this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement"), and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

X _____
Parent Signature _____
Date

Rev D.2 - 5/9/14

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, **IMMEDIATELY**.

STUDENT NAME _____ BIRTH DATE _____

HOME ADDRESS _____

HOME PHONE _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

Please name an alternate parent or family member that may be contacted in an emergency.

NAME _____ PHONE _____

HEALTH INSURANCE CARRIER _____ POLICY NO _____

PHYSICIAN'S NAME _____

ADDRESS _____ PHONE/FAX _____

Please note any medical condition of which we should be aware. _____

ALLERGIES _____

TETANUS BOOSTER _____ SPECIAL DIET: Diabetic _____ Other _____
date

PRESENT MEDICATIONS _____

In the event that I cannot be reached and my son/daughter requires medical attention, I authorize a representative from the Council Rock School District to act in my behalf.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

The school nurses have standing orders from the school physician to administer **Acetaminophen** (generic Tylenol) and **Ibuprofen** (generic Advil/Motrin) when necessary. I give my consent for my child to receive these medications when medically indicated.

PARENT/GUARDIAN SIGNATURE _____ DATE _____