

**2010 Arlington High School Winter Guard**  
**REGISTRATION FORM**

Return to: *Bert Cousins*  
Due: **November 18th**  
**\*\*REQUIRED\*\***

Complete, SIGN and return the registration and medical forms with the membership down payment fee.  
(\$50.00, payable to "Arlington High School Band")

STUDENT'S NAME\* \_\_\_\_\_

GRADE \*(9-12) \_\_\_\_\_ Years in Winter Guard\* \_\_\_\_\_

ADDRESS\* \_\_\_\_\_

STUDENT PHONE-Home\* \_\_\_\_\_ STUDENT PHONE-cell \_\_\_\_\_

E-MAIL ADDRESS (student)\* \_\_\_\_\_

1<sup>st</sup> PARENT/GUARDIAN NAME\* \_\_\_\_\_

1<sup>st</sup> Parent Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Alt. Home# \_\_\_\_\_

Email Address\* \_\_\_\_\_

2<sup>nd</sup> PARENT/GUARDIAN NAME\* \_\_\_\_\_

2<sup>nd</sup> Parent Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Alt. Home# \_\_\_\_\_

Email Address\* \_\_\_\_\_



Check here to give permission for above information (Marked with an asterisk (\*)) to be used in the Winter Guard Directory.

***Non-refundable*** Membership Fee of \$50.00 enclosed with this form

Check # \_\_\_\_\_

The total membership fee for the 2010 winterguard season is \$100.00; Fees should be paid in full by Saturday, 1/9/10.

I give my child, \_\_\_\_\_, permission to join the 2010 Arlington High School Winter Guard and to attend all scheduled activities as listed in the season schedule. **In case of emergency, I give my permission for my child to receive the necessary treatment** (please refer to the back of this page for the required medical information). I further agreed to the policies and procedures for conduct as listed in the 2009 AHS Marching Band Handbook.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Over...

**2010 Arlington High School Winter Guard**  
**EMERGENCY MEDICAL FORM**

\*\*REQUIRED\*\*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

People to call if you can't be contacted:

#1 Name \_\_\_\_\_ Relation to Student \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Name \_\_\_\_\_ Relation to Student \_\_\_\_\_ Phone # \_\_\_\_\_

Yes	No	Check Yes or No If yes, please specify
		Has your child been diagnosed with a LIFE THREATENING ALLERGIC CONDITIION? If yes, specify:  _____
		*Students requiring medical treatment for a life threatening allergy should have a doctor's order specifying the treatment.
		Does your child have an allergy to medications If yes, specify: _____
Yes	No	Does your child have any of the following? If yes, please specify
		Asthma or RAD (Reactive Airway Disease)
		Diabetes
		Heart Problems
		Seizure Disorder <span style="float:right">Date of last Seizure:</span>
		Joint problems
		Tetanus Shot <span style="float:right">Date of last shot:</span>
Yes	No	Check Yes or No If yes, please specify
		Does your child take any medications on a regular basis? If yes, please list:  _____
		Will your child require any medications, (over the counter or prescription) while traveling with the AHS Marching Band? If yes, please list and provide the medication order forms: _____  <ol style="list-style-type: none"> <li>1. Obtain medication orders only for those medications that will be necessary for your child on this trip.</li> <li>2. A doctor's order must be obtained. Please use the school form, <u>Licensed Health Care Prescriber's Medication Order</u>.</li> </ol>

I understand that no medications may accompany my child, (including over-the-counter medications such as Tylenol, etc.), without the Licensed Health Care Prescriber's Medication Order and medications being submitted to our Medical Chaperone at the beginning of each day or trip.

Legal Guardian-Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Legal Guardian-Print \_\_\_\_\_ Date \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group Plan Number \_\_\_\_\_

Primary Policyholder's Name \_\_\_\_\_ Insured's ID number \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

2010 Arlington High School Winter Guard  
**Uniform Parts and Accessories Order Form**

Return to: Mrs. Pannullo  
 Due: December 5th  
 \*\*REQUIRED\*\*

NAME \_\_\_\_\_ Phone # \_\_\_\_\_

**Required for ALL MEMBERS**

Item	Size (Check one)		Qty.	Price	Total
<b>Tour Shirt</b> (1)	Choices: S, M, L, XL, 2XL	Final Size Selection _____	1	Free	\$ 0
<b>Guard Shoes</b> (1pr)	<b>We are wearing the same sandals as last year- if yours are in good shape, there is no need to buy an additional pair.</b> Available sizes: womens' 1 - 10	Final Size Selection _____		\$10	\$
<b>Guard Gloves</b> (1Pr)	<b>We are wearing the same gloves as the marching band season - if yours are in good shape, there is no need to buy an additional pair.</b> Choices: XS, S, M, L, XL	Final Size Selection _____		\$12	\$
<b>Winter Guard Uniform</b>	You will own and keep all parts of your winterguard uniform at the conclusion of the season.	Final Size Selection _____	1	\$90	\$ 90.00
<b>Membership Fee Balance</b>	Winterguard fees for the entire 2010 season are \$100 plus the required \$90 uniform fee. \$50 was paid during winterguard registration, the second half is due by 1/9/10 but may be included here if you wish to pay in full early.			\$50	

<b>Make checks payable to:</b> <u><b>Arlington Band Boosters, INC.</b></u>	<b>GRAND Total</b>	\$
	<b>Check #</b>	

2010 Arlington High School Winter Guard  
**Chaperone Volunteer Form**

Return to: *Mrs. Pannullo*

Due: **December 5th**

Thank you for volunteering as a chaperone for the Arlington Winter Guard. It should be an experience you will enjoy. Please don't be afraid of volunteering just because you have no experience. We will try to team you up with an experienced person. **WE CAN NOT ACCEPT EVERY VOLUNTEER EVERYTIME THEY WISH TO VOLUNTEER!** Please understand that for some performances we have more help that we can take due to bus and field pass restrictions. You should not assume you are a chaperone UNTIL THE FINAL LIST IS POSTED.

There are a few guidelines that we use when selecting the chaperones for each event

- 1) Once you have been selected, an emergency medical/contact information form will be requested. Parent medical forms will be sealed in an envelope BY YOU and will not be opened unless needed by a medical professional.
- 2) Your experience as a chaperone with the AHS Winter Guard (We try to mix experienced chaperones with newer chaperones as much as possible).

Your commitment will be needed once a final list of chaperones has been posted. If, for any reason you can not chaperone, YOU MUST CONTACT DEBRA PANNULLO IMEDIATELY!!

Please provide the following information and then proceed to the next few pages and place a "1" or "2" or a "1/2" next to any performance or practice that you wish to assist us. The "1" will signify that who ever completes the information for "Parent #1" is volunteering and a "2" will signify the "Parent #2" will chaperone. A "1/2" means that both wish to chaperone.

**\*\* PLEASE PRINT CLEARLY\*\***

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

**Parent #1** \_\_\_\_\_

Have you chaperoned the AHS Marching band before? \_\_\_\_\_

Best Contact phone number for you \_\_\_\_\_

Best Contact Email for you \_\_\_\_\_

**Parent #2** \_\_\_\_\_

Have you chaperoned the AHS Marching band before? \_\_\_\_\_

Best Contact phone number for you \_\_\_\_\_

Best Contact Email for you \_\_\_\_\_

## Performance / Travel Chaperones

1 or 2 = you check to volunteer for that event

# = number of Chaperones Needed

<b>1/2</b>	<b>#</b>	<b>DATE</b>	<b>TIME</b>	<b>EVENT</b>
	2	Saturday 1/9	3pm-10pm	Bethel HS Evaluation Show
	2	Saturday 1/16	3pm-10pm	Ramsey HS Evaluation Show
	2	Saturday 1/23	3pm-10pm	Shelton HS Competition
	2	Saturday 1/30	3pm-10pm	Brien McMahon HS Competition
	2	Saturday 2/13	3pm-10pm	Brookfield HS Competition
	2	Saturday 2/20	3pm-10pm	New Milford HS Competition
	2	Saturday 2/27	3pm-10pm	Norwalk HS Competition
	2	Saturday 3/13	3pm-10pm	Naugatuck HS Competition
	2	Saturday 3/20	7am-3pm	WGI South Brunswick, NJ Regional (Prelims)
	2	Sunday 3/21	All Day	WGI South Brunswick, NJ Regional (Finals)
	2	Saturday 3/27	3pm-10pm	MAC Championships @ Trumbull