

2011 Arlington High School Winter Guard
REGISTRATION FORM

Return to: *Darrell Keech (Mailbox in Bubble or Room 1138)*

Due: **December 15th**

****REQUIRED****

Complete, SIGN and return the registration and medical forms with the membership down payment fee.
(\$50.00, payable to "ARLINGTON BAND BOOSTERS, INC")

STUDENT'S NAME* _____

GRADE *(9-12) _____ Years in Winter Guard* _____

ADDRESS* _____

STUDENT PHONE-Home* _____ STUDENT PHONE-cell _____

E-MAIL ADDRESS (student)* _____

1st PARENT/GUARDIAN NAME* _____

1st Parent Work Phone# _____ Cell# _____ Alt. Home# _____

Email Address* _____

2nd PARENT/GUARDIAN NAME* _____

2nd 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 Registration Fee of \$50.00 enclosed with this form

Check # _____

The REMAINING membership fee for the 2011 winterguard season is \$100.00; Fees should be paid in full by Saturday, 1/8/11.

I give my child, _____, permission to join the 2011 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 2010 AHS Marching Band Handbook.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Over...

2011 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 Date of last Seizure:
		Joint problems
		Tetanus Shot Date of last shot:
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: _____ _____ 1. Obtain medication orders only for those medications that will be necessary for your child on this trip. 2. A doctor's order must be obtained. Please use the school form, <u>Licensed Health Care Prescriber's Medication Order</u> .

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 _____

2011 Arlington High School Winter Guard
Uniform Parts and Accessories Order Form

Return to: Mrs. Muldoon
 Due: December 15th
****REQUIRED****

NAME _____ Phone # _____

Required for ALL MEMBERS

Item	Size (Check one)	Qty.	Price	Total
Tour Shirt (1)	Choices: S, M, L, XL, 2XL Final Size Selection _____	1	Free	\$ 0
Guard Shoes (1pr)	Available sizes: womens' 1 - 10 Final Size Selection _____		\$10	\$
Guard Gloves (1Pr)	Choices: XS, S, M, L, XL Final Size Selection _____		\$12	\$
Winter Guard Uniform	You will own and keep all parts of your winterguard uniform at the conclusion of the season. Final Size Selection _____	1	\$90	\$ 90.00
Membership Fee Balance	Winterguard fees for the entire 2011 season are \$150 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.		\$100	

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

2011 Arlington High School Winter Guard
Chaperone Volunteer Form

Return to: *Darrell Keech (Mailbox in Bubble or Room 1138)*

Due: **January 15th**

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 IMMEDIATELY!!**

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

1/2	#	DATE	TIME	EVENT
	2	Saturday 1/8	3pm-10pm	Bethel HS Evaluation Show
	2	Saturday 1/15	3pm-10pm	Central HS Evaluation Show
	2	Saturday 1/22	3pm-10pm	Shelton HS Competition
	2	Saturday 1/29	3pm-10pm	Beecher HS Competition
	2	Saturday 2/5	3pm-10pm	Brookfield HS Competition
	2	Saturday 2/12	3pm-10pm	Masuk HS Competition
	2	Saturday 2/19	3pm-10pm	New Milford HS Competition **Tentative**
	2	Saturday 2/26	3pm-10pm	Naugatuck HS Competition
	2	Sat-Sunday 3/5 -3/6	All Day – both days	WGI South Brunswick, NJ Regional (Prelims)
	2	Saturday 3/12	3pm-10pm	Norwalk HS Competition
	2	Saturday 3/26	3pm-10pm	Newtown HS Competition
	2	Saturday 4/2	3pm-10pm	MAC Championships @ Trumbull