

GRIZZLY BAND CAMP REGISTRATION

Student Name:	Graduation Year
Student Home Address:	
Student Phone: Home:	Sex: Male Female
Student Phone: Cell	
Student Email:	Instrument

Band: Perc. Ens. - Concert - Symphonic - Wind Ensemble	Tshirt Size: S M L XL XXL
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Parent/Guardian Name:	
Parent/Guardian Phone: Home:	Cell:
Parent/Guardian Address:	
Parent Email:	
Emergency Contact:	
Name:	Relationship:
Phone:	

Comments:

MEDICAL INFORMATION

Hospital/Clinic Preference:

Physician Name:	Physician Phone:
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Insurance Name:	Policy ID#:
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Allergies/Special Health Concerns:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature:	Date:
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Please send both your completed registration forms and payment in an envelope to Glacier Peak Band Boosters:
 c/o Mr. Morris (drop off in their office) or mail to: GPHS Band Boosters,
13300 Bothell Everett Hwy #303-670 Mill Creek, WA 98012 (Please make checks payable to GPHS Band Boosters)

Date Payment Received :	Check #:	Payment Amt:
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