

# 2009 AWG Enrollment Form

OREGON MARCHING AND ATHLETIC ARTS PROGRAM

456 N. Perry Pkwy., Oregon, WI 53575

**2009 ARMADA WINTERGUARD**

DUE: October 25<sup>th</sup>, 2008\*\*

CURRENT 7<sup>TH</sup> THROUGH 12<sup>TH</sup> GRADERS ONLY



I \_\_\_\_\_ (please print), do hereby state that I wish to be a member of the Armada Winterguard and by extension, the Oregon Marching and Athletic Arts Program, and that I will abide by and adhere to the policies, rules, and regulations of the Oregon School District and Oregon Band Boosters, Inc., for as long as I am a member thereof.

We, the parent(s)/guardian(s) of the above student, give permission for our student to join the Armada Winterguard, to participate in Band/Color Guard trips and functions, and to agree to also abide by the policies, rules, and regulations of the Oregon School District and Oregon Band Boosters, Inc.

- Student fees to help cover the cost of the 2009 Armada Winterguard is **\$490.00 per student**. Students may pay their fee with cash or check, or MARCH FOR FREE with our fundraising program! All fundraising details are available online at [www.oregonband.org](http://www.oregonband.org). Limited financial aid is also available for students in need. A letter of application is due to the band booster president by November 1<sup>st</sup>, 2008.
- A deposit of **\$200.00** must be enclosed with the Enrollment Form or deducted from the student's account. If the student elects not to participate, only **\$100.00** of the deposit will be forfeited to the Oregon Band Boosters, Inc. general fund.
- Once a contract is submitted, payments can be made by check or deducted from the student's account if sufficient funds are available. If payments are not made by the due dates, the treasurer has permission to transfer the amount due from your student's account. The balance of the student's fees (\$290.00 after deposit) must be paid before January 31<sup>st</sup>, 2009; nonpayment may result in dismissal from the ensemble without refund of fees already paid. Cash payments made in the name of a band student which are in excess of the yearly expenses shall be refunded upon request.
- Any student voluntarily discontinuing membership in Armada Winterguard after January 1<sup>st</sup>, 2009 will forfeit 100% of dues that have been paid on their behalf, except in extreme circumstances, the determination of which will be the sole decision of the Executive Board of the Oregon Band Boosters, Inc.
- Any student dismissed from Armada Winterguard for persistent or egregious violations of the Oregon Way – which decision will be solely at the discretion of the Director – will also forfeit 100% of dues already paid on their behalf.

Refer to our program website for schedule and updates! [www.omaap.org](http://www.omaap.org)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Graduation Year

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student/guardian address

\_\_\_\_\_  
Student email address      Parent email address

\_\_\_\_\_  
Student home phone:

**\*\*Return these forms along with  
\$200.00 deposit  
(made out to Oregon Band Boosters)  
to:**

Patty Shackleton, Student Accounts  
Oregon Marching and Athletic Arts Program  
Oregon High School  
456. N. Perry Pkwy.  
Oregon, WI 53575

## Activity and Travel Waiver

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**Fill out and return with Enrollment form.**

As the parent / legal guardian of \_\_\_\_\_, I authorize the  
student name

Oregon Marching and Athletic Arts Program (including Armada Winterguard, Armada Winterguard, Oregon Armada Cadets, Oregon Shadow Armada, OHS Summer Marching Band, and all forms of the Oregon Marching Band), the Oregon Band Boosters, Inc., the Oregon School District, and any official agent thereof to transport the above-named student for any and all program-related functions throughout the 2009 OMAAP season (November 2008 – November 2009). I understand that colorguard, marching band, and all other athletic arts are physical activities and that the rehearsals will be of a physical nature. In addition, I understand that from time to time, the students will be taking on various recreational and team-building activities including but not limited to swimming, sports (such as Ultimate Frisbee and other team sports), bowling, and/or roller skating. I understand that the above student will be appropriately chaperoned for these activities. I hereby release the Oregon Marching and Athletic Arts Program, Armada Winterguard, Armada Winterguard, Oregon Armada Cadets, Oregon Shadow Armada, OHS Summer Marching Band, all forms of the Oregon Marching band, the Oregon Band Boosters, Inc, the Oregon School District, and any official agent thereof from liability in the event that the above student sustains injury during the normal course of rehearsal and recreation with the program, provided the student has consented to such activity.

\_\_\_\_\_, 20\_\_\_\_  
parent/guardian signature date

\_\_\_\_\_  
print parent/guardian name

## CO-CURRICULAR CONTRACT

To Parent/guardian and Student:

I, as a parent/Guardian of \_\_\_\_\_, have read the rules and policies set forth for participation in co-curricular activities at Oregon High School and give my son/daughter permission to participate under these conditions. I will do my part in seeing that he/she follows these rules and regulations.

I also give permission to the attending physician to give first aid and emergency treatment to my son/daughter should he/she require such assistance.

Date \_\_\_\_\_  
 \_\_\_\_\_  
 Parent/Guardian Signature

I, \_\_\_\_\_, a candidate for co-curricular activities at Oregon High School, have read the policies and agree to abide by all the rules and regulations set forth. I further agree to assume full responsibility for all equipment issued to me.

Date \_\_\_\_\_  
 \_\_\_\_\_  
 Student Signature

Parent/Guardian Phone Numbers:

\_\_\_\_\_ Home \_\_\_\_\_ Work

# PANTHER PRIDE!

To view the text of the Co-Curricular Code of Conduct, please visit:  
[http://www.oregonsd.org/athletics\\_home.cfm](http://www.oregonsd.org/athletics_home.cfm) OR [http://www.oregonsd.org/site\\_uploads/news/newsfile185\\_1.doc](http://www.oregonsd.org/site_uploads/news/newsfile185_1.doc)

# MEDICAL QUESTIONNAIRE

Last Name \_\_\_\_\_ First Name and MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent/Guardian

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent/Guardian

Work Phone \_\_\_\_\_

Other Contact (List another adult who can be notified if a parent cannot be reached):

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_ Clinic \_\_\_\_\_

Office Phone \_\_\_\_\_

### CONSENT FOR EMERGENCY CARE

In order to avoid unnecessary delay in treatment of a medical emergency, the following consent **must** be signed by a parent or legal guardian.

In the event of a medical emergency, I grant permission to obtain immediate medical care at the nearest medical facility for \_\_\_\_\_.

Name of Child

Date \_\_\_\_\_

Parent or Guardian Signature

### INSURANCE INFO

Medical Insurance Company and Policy Number \_\_\_\_\_

Dental Insurance Company and Policy Number \_\_\_\_\_

### MEDICAL HISTORY

1.) Date of last Tetanus shot \_\_\_\_\_ (if not within 10 years, a booster shot will be needed.)

# MEDICAL QUESTIONNAIRE

2.) Does your child have any of the following medical conditions?

Migraine Headache	No ___ Yes ___	
Asthma	No ___ Yes ___	Does he/she have an inhaler? NO YES
Diabetes	No ___ Yes ___	Is Glucagon needed? NO YES
Seizures	No ___ Yes ___	Type _____
Car Sickness	No ___ Yes ___	How do you treat this? _____
Other (Heart Condition, etc.) _____		

**Allergies to:**

Medication	No ___ Yes ___	Which ones? _____
Bee Stings	No ___ Yes ___	Is an Epi-Pen needed? NO YES
Foods	No ___ Yes ___	List _____
Environmental	No ___ Yes ___	List _____

Is there any other information you know about your child that would be important or helpful for the staff to know? \_\_\_\_\_

### MEDICATION

Will your child need over the counter or prescription medication? NO YES

Please list \_\_\_\_\_

\_\_\_\_\_ My child will be carrying and administering his/her own medication(s). I have instructed my child about the responsible use of each medication (i.e. for what reason and how often to take it).

\_\_\_\_\_ My child will not be carrying or administering his/her own medications(s). I would like the designated staff person to store and administer the medication(s). **Any controlled medications must be kept with staff (Ritalin, Dexedrine, etc.) All medication must be in the original container and labeled with your child's full name.**

### ACTIVITY

Permission is given to participate in any activity the Band Director approves. NO YES

### DISCIPLINE

You will be notified and your child sent home as soon as possible if there is any serious problem. The parent will absorb the cost of this action. Oregon Band Boosters, INC. or Oregon School District will not assume responsibility for transportation costs. A chaperone will accompany the individual(s).

\_\_\_\_\_ Date

\_\_\_\_\_ Parent or Guardian Signature