

2010 Shadow Armada Enrollment Form

OREGON MARCHING AND ATHLETIC ARTS PROGRAM
456 N. Perry Pkwy., Oregon, WI 53575

2010 OREGON HIGH SCHOOL SUMMER MARCHING BAND

DUE: March 19th, 2010**

CURRENT 8TH THROUGH 12TH GRADERS ONLY



I _____ (please print), do hereby state that I wish to be a member of the Shadow Armada (Oregon High School Summer Marching Band) 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 Shadow Armada (Oregon High School Summer Marching Band), 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 2010 Shadow Armada (Oregon High School Summer Marching Band) is **\$860.00 per student**. Students may pay their fee with cash or check, or MARCH FOR FREE by taking advantage of our fundraising program! All fundraising details are available online at 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 April 1st, 2010.
- All members will also be required to raise an additional **\$100.00 minimum** for their account through our PULLanthropy program or simply pay the additional fee. PULLanthropy will begin in February 2010.
- **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 – the rest can be refunded.
- 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 (\$660.00 after deposit) must be paid before May 31st, 2010; 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.
- Additional fees will be assessed based on instrument/section (as a debit to student account – need not be paid now):
 1. Piccolo, Flute, Clarinet, Saxophone, and Trumpet: \$35.00 (for insurance of repair/replacement during the season)
 2. Mellophone, Pit, and Guard: \$65.00 (for instrument and/or equipment rental and repair)
 3. Battery, Valve Trombone, Baritone, Tuba: \$85.00 (for instrument and/or equipment rental and repair)
- Any student discontinuing membership in the Shadow Armada (OHS Summer Marching Band) on or after April 16th, 2010 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 the Shadow Armada (OHS Summer Marching Band) for persistent or egregious violations of the Oregon Way – which decision will be solely at the discretion of the Director – will forfeit 100% of dues already paid on their behalf.

Refer to our program website for schedule and updates! www.omaap.org

Student Signature

Date

Print Student Name

Unisex T-Shirt Size (circle) sm m l xl xxl

Parent Signature

Date

Print Parent Name

Graduation Year _____ Date of Birth _____ Instrument or Section _____

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:**

Nick Lane, Director
Oregon Marching and Athletic Arts Program
456 N. Perry Pkwy
Oregon, WI 53575

Activity and Travel Waiver

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, Shadow Indoor Percussion, 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 2010 OMAAP season (November 2009 – November 2010). 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, Shadow Indoor Percussion, 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

OREGON MARCHING AND ATHLETIC ARTS PROGRAM (OMAAP)

PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Circle Yes or No to all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants: Yes No Explain: _____

GENERAL INFORMATION:

ADHD (Attention-Deficit
Hyperactivity Disorder) Yes No

Convulsions/seizures Yes No

Hemophilia Yes No

Asthma Yes No

Diabetes Yes No

High blood pressure Yes No

Cancer/leukemia Yes No

Heart trouble Yes No

Kidney disease Yes No

Explain: _____

Please list ALL medications taken in 30 days prior to the first practice: _____

List any medications to be taken from the first practice through the end of the performance season, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in any OMAAP practices or performances _____

List equipment needed such as braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____

Measles _____

Polio _____

OR DPT _____

OR MMR _____

Hepatitis A _____

Varicella _____

Hepatitis B _____

OR Chicken pox _____

I give permission for _____'s full participation in OMAAP, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

MEDICAL EVALUATION

To be filled out by a licensed health-care practitioner*

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be participating in six weeks or more of an Oregon Marching and Athletic Program that may include strenuous activity (including marching, carrying heavy instruments, dancing, running, etc.) up to three hours at one time. Please review the health history with the participant. Explain any "abnormal" evaluations.

PHYSICAL EXAMINATION

Height _____ Weight _____ BP _____ / _____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Circle: N = normal, Abn = Abnormal

Growth development N Abn

Teeth N Abn

Genitalia N Abn

Skin N Abn

Cardiopulmonary system N Abn

Musculoskeletal N Abn

HEENT N Abn

Hernia N Abn

Neurobehavioral N Abn

Explain: _____

Limitations:

Activity restrictions _____

Diet restrictions _____

Comment on any need for medical assistance devices: _____

Signature _____ Printed name _____ Date _____

Licensed health-care practitioner*

Address _____ Phone _____

City, State, Zip _____

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for OMAAP purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

Beth Skogen

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Model Release

For good and sufficient reasons, I hereby grant to Beth Skogen ("Photographer") and her legal representatives and assigns the right to use and publish photographs of me, or in which I may be included, for editorial, publicity, trade, advertising, multimedia and any other purpose and in any manner and medium; and to copyright the same. I hereby release Photographer, her legal representatives and assigns from any claims and liability relating to said photographs.

Please Print:

Name: _____ Date: _____

Birth Date: _____ Signature: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

If Minor, Under 18, Parent/Guardian Information:

Name: _____ Date: _____

Birth Date: _____ Signature: _____

Phone: _____ E-mail: _____

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 OR http://www.oregonsd.org/site_uploads/news/newsfile185_1.doc