

2009 SIP Enrollment Form

OREGON MARCHING AND ATHLETIC ARTS PROGRAM

456 N. Perry Pkwy., Oregon, WI 53575

2009 SHADOW INDOOR PERCUSSION

DUE: October 25th, 2008**

CURRENT 7TH THROUGH 12TH GRADERS ONLY



I _____ (please print), do hereby state that I wish to be a member of Shadow Indoor Percussion 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 Shadow Indoor Percussion, 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 Shadow Indoor Percussion 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. Limited financial aid is also available for students in need. A letter of application is due to the band booster president by November 1st, 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 31st, 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 Shadow Indoor Percussion after January 1st, 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 Shadow Indoor Percussion 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

Student Signature

Date

Print Student Name

Parent Signature

Date

Print Parent Name

Graduation Year

Birth Date

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

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 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, 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

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

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.)

