

2015 Marching Band Acknowledgement Form

1. I understand that band camp is part of my band obligation	
2. I understand that the marching program will be taught during band camp	
3. I understand that it is my responsibility to attend band camp prepared	
4. I understand that percussion/color guard rehearse Tuesday evenings during the summer.	
Signed Student	Date
Signed Parent	Date

AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

I am aware that during any field trip or excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile, and other means, including walking.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary for the individual in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand and do hereby assume all of the above-mentioned risks and will hold Ankeny Centennial High School and its representatives and chaperones, harmless from any and all liability whatsoever which may arise out of or in connection with a trip or participation in any activities arranged by the Ankeny Centennial High School Bands. The terms thereof shall serve as a release and assumption of risks for my heirs, executor and administrators and for all members of my family.

I have read, understand and agree to abide by the above policies and directives. All information contained in this form is true, to the best of my knowledge.

Signature of Student: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

Return to:

Scott Hook
Centennial High School
2220 NW State St.
Ankeny, IA 50023