



A Non-Profit Youth Program, Est. 1990

Dedicated to Excellence, Education & Entertainment

www.raidersdbc.org

Member Information (Page 1 of 1)

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname: _____ Social Security #: _____

Instrument or Equipment: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ E-mail Address: _____

___ Elementary School Student ___ High School Student ___ College Student ___ Non-Student

What school do you attend? _____

Who is your band director? _____

Past Drum Corps Experience _____

Did you march with another drum corps? YES NO If so, which one _____

Do you owe any money, uniforms or equipment to that corps? YES NO

Drum Corps International Policy prohibits Drum Corps from accepting members who owe any other DCI Drum Corps money, uniforms, or equipment.

Please initial that you understand this policy: _____

Drum Corps International Policy on member transfers states that a member of a corps cannot move to another corps after a dated and signed contract is returned to the corps without written release from the Director.

Please initial that you understand this policy: _____

Emergency Parent Contact Information:

Name: _____

Home Phone: _____ Cell Phone: _____

Medical Information & Release (Page 1 of 3)

Last Name: _____ First Name: _____ Middle Initial: _____

Insurance Company: _____ Group #: _____ ID#: _____

Name of Insured: _____ Relationship: _____

Family Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: Food: _____ Medications: _____ Other: _____

Parent/Guardian Information:

Mother

Name: _____

Address: _____

Home Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Father

Name: _____

Address: _____

Home Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact Information:

Name: _____

Relationship to you: _____ Phone: _____

Medical Information & Release (Page 2 of 3)

Are you currently under doctor's care for any condition/illness? YES NO If Yes, please explain: _____

Is there any medication that you need to take on a regular basis? YES NO If Yes, please explain: _____

Have you ever had....?

YES	NO		YES	NO		YES	NO	
		Diabetes			Epilepsy			Carpal Tunnel Syndrome
		Wear Contacts/ Glasses			Migraine			Asthma
		Bleeding Disorder			Arthritis			Heart Condition
		Knee/Ankle Problems			Back Problems			Breathing Disorder

If you answered Yes to any of these, please explain: _____

Any Fractures? YES NO If Yes, please explain: _____

Any Surgery? YES NO If Yes, please explain: _____

Are you required to wear supportive knee or ankle braces when involved in physical activities? YES NO

If Yes, please explain: _____

Have you ever had Chicken Pox? YES NO Vaccinated for Chicken Pox? YES NO

Have you ever had Measles? YES NO Vaccinated for Measles? YES NO

Date of last Tetanus Shot: _____

(if more than 5 years, we suggest that you get a booster shot before tour.)

PLEASE PROVIDE US WITH A COPY OF YOUR

VALID INSURANCE ID CARD

Medical Information & Release (Page 3 of 3)

RELEASE, ASSUMPTION OF RISK, AND CONSENT TO MEDICAL TREATMENT

I, the undersigned participant in the Raiders, or the parent/guardian of the above listed participant in the Raiders if he/she is under the age of eighteen, acknowledge and fully understand that each participant in the Raiders will be engaging in activities that involve risk of serious injury, including permanent disability or death, which might result not only from the participant's action, inaction or negligence, but also the action, inaction or negligence of others and/or the condition of any premises (including but not limited to football fields), risks created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including but not limited to walking and/or driving or being driven to and from rehearsals and other activities, and furthermore, that there may be other unknown risks that are not reasonably foreseeable at this time.

Accordingly, I acknowledge, fully understand and agree that I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenant to indemnify and not to sue The Raiders, its instructors, managers, staff and associated personnel, officers, directors, agents, members, volunteers and representatives from any and all liability to the undersigned, his/her heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's participation in The Raiders.

In an event of participant's illness, I hereby authorize any of the directors, officers, managers, instructors or chaperones of The Raiders who are present to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the participant in the reasonable judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors or chaperones of The Raiders consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the Director of The Raiders and that any unauthorized alteration will cause the participant to be removed from The Raiders. NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICPATE IN THE RAIDERS. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN. IF MEMBER IS UNDER 18 PARENT OR GUARDIAN MUST SIGN FORM

Member Signature (If over 18)

Date

PRINT NAME

Signature of Parent or Guardian of member (If under 18)

Date

PRINT NAME