West Rowan High School Bands (2020-2021 School Year)
Field Trip, Medical, and Liability Form

PLEASE PRINT NEATLY, UNLESS OTHERWISE NOTED

Student Information

Student's Name: _____ Sex: _____ Grade: _____

Address: _____ Date of Birth: _____

Home Phone: _____

Legal Guardian Information

Guardian #1 Name: _____ Relation: _____

Cell Phone Number: _____

Other Phone Number (please specify type): _____

Guardian #2 Name: _____ Relation: _____

Cell Phone Number: _____

Other Phone Number (please specify type): _____

Additional Contact Information

In the event guardians cannot be contacted, please contact:

_____ Contact Phone Number: _____

or

_____ Contact Phone Number: _____

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Overall Trip Information

My child has permission to travel with the West Rowan High School (WRHS) Bands for the entirety of the 2020-21 school year. Students will need extra money for food (unless otherwise noted). Do not forget calltimes, performance times, music, instrument, luggage, performance attire, and other items needed for each trip; please see specific itineraries for each event. Families are responsible for providing payment for all fees prior to any trip dates; failure to pay fees (and communicating difficulties in payment) will result in temporary and/or permanent removal from said activity and/or ensemble.

Medical Information

I understand that first aid will be available at all events and activities of the West Rowan Music Department. I further understand that should a serious injury or illness occur, medical and/or hospital care will be obtained. This form implies permission to obtain medical and/or hospital care. I realize that a member of the West Rowan High School staff or West Rowan High School Music Department staff will notify me in the case of a serious injury or illness; however, should they be unable to contact me, they have my permission to pursue a course of action which is in the best interest of the ill and/or injured participant.

I hereby authorize and permit any member of the West Rowan High School staff and/or the West Rowan High School Music Department staff to secure any medical treatment that the participant named above may require or which may be reasonably necessary for said participant while involved in any West Rowan High School Music Department activities. A doctor, clinic or hospital may proceed with any medical or surgical treatment that the West Rowan High School staff or West Rowan High School Music Department staff may authorize for the protection of life or limb.

I understand that I will be responsible for all medical, surgical and transportation costs that are incurred.

Liability Information

I hereby agree to hold harmless and blameless West Rowan High School and the Rowan-Salisbury School System and its employees from any and all liability from damages, loss or injuries, either to person or property, which my child may sustain while engaged in any activity conducted by or in connection with the West Rowan High School Music Department including, but not limited to, transportation.

I further agree to reimburse or make good any loss or damage or costs that the West Rowan High School Music Department may have to pay on account of any claim made by my child, or anyone in my child's behalf, resulting directly or indirectly from his or her participation in the Music Department's activities. I further agree in case of injury or illness or other actions requiring parental permission, the West Rowan High School Band Director or Choral Director shall have the authority to act for me, in case I cannot be reached. I further understand that in case of injury, serious illness, or in extreme cases of disciplinary action, the Band or Choral Director will, if need be, send my son/daughter home by the first available transportation, at my own expense.

I give permission for WRHS to include my child's photo/image on film, video, and online while participating with the WRHS Band Program.

Guardian Name (PRINTED): _____

Guardian Signature: _____ Date: _____