

## Tates Creek High School Band 2021-2022 PARTICIPATION FORM

**IMPORTANT – READ BEFORE COMPLETING THIS FORM:** Please print in black or blue ink and fill in every blank. Complete one form for each student participating in band. The Medical Permit form **MUST** be notarized & the notary's seal is required. Mail completed forms or bring to:

**TATES CREEK H.S. BAND, ATTN: Aaron Cunningham, 1111 Centre Pkwy, Lexington, KY 40517**

### **STUDENT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ PREFERRED \_\_\_\_\_  
 GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MARCHING INSTRUMENT \_\_\_\_\_ CLASS OF (*circle one*) 22 23 24 25 26  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 NAMES OF SIBLINGS IN TATES CREEK BAND \_\_\_\_\_ MIDDLE SCHOOL YOU ATTENDED \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION (MOTHER)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME E-MAIL \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ WORK E-MAIL \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION (FATHER)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME E-MAIL \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ WORK E-MAIL \_\_\_\_\_

### **EMERGENCY CONTACT** (*Friend/relative at a different address who could reach parent/guardian in case of emergency.*)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## -IMPORTANT REMINDERS-

- **COMPLETE ALL BAND FORMS**
  - **PAYMENT AGREEMENT**
  - **VOLUNTEER FOR BINGO**
- **PARENT PARTICIPATION OPTIONS**