



WEST DEPTFORD HIGH SCHOOL SUMMER MARCHING BAND PARTICIPATION FORM

STUDENT NAME: _____ DATE: _____

HOME ADDRESS: _____

FAMILY PHYSICIAN: _____ PHYSICIAN PHONE #: _____

I the parent/guardian of the above student, give my daughter/son permission to participate in the West Deptford High School's summer marching band rehearsals. I realize that such activities involve the potential for injury or illness (COVID-19), which could have the result of total disability, paralysis, or even death. I am also aware that an athletic trainer will not be present during these practices. I acknowledge that I have read and understand this warning.

I am aware that these summer rehearsals are voluntary and in no way mandatory. We (parent/guardian and student) are choosing to attend on our accord and will not make the West Deptford Schools liable for any of the above issues that could occur.

To participate in summer rehearsals, the parent/guardian must complete the following medical update. Please indicate below any medical information that we should be aware about.

1. Hospitalizations/operations:

2. Illness:

3. Injuries:

4. Care administered by a physician:

5. Medication:

I have read the above statements, and upon signing, I give my daughter/son permission to participate in West Deptford High School's summer marching band rehearsals.

(Parent/Guardian Signature)

(Date)

Note to WDMB Staff: All WDMB members must submit this form to participate in summer rehearsals. Mr. Kershaw will retain copies of all completed forms.