

Parent / Guardian Printed Name: \_\_\_\_\_ (please print neatly)

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HAMPTON HIGH SCHOOL MARCHING BAND

Student Printed Name: \_\_\_\_\_  
(please print neatly)

# MEMBERSHIP CONTRACT

## 2024-2025

We, the Hampton High School Marching Band member and the Parent/Guardian, understand the philosophies, rules, and grading policies of the marching band class as set forth in the band manual. We agree to abide by them for the duration of membership in the marching band.

Further, we understand that commitment and dedication are extremely important to the personal growth of the Member and the success of the entire organization. We therefore agree to remain an enthusiastic part of the organization - or support the Member – for the duration of their membership in the marching band for the 2024-2025 school year.

Additionally, we understand that many performance decisions have and continue to be made with the understanding that I (student) will be performing with the band. I will do everything I can to fulfill this commitment for both intrinsic and extrinsic reasons. I know that when I am not present, I am not replaceable, and my absence negatively impacts the other 158 students.

We have received and read the policies/grading procedures of the Hampton High School Marching Band. We understand that we will be held accountable to the policies/grading procedures stated in the manual. We also understand that we may appear in group photos on the HBA website (photos are NEVER identified by student name).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return the Medical Form and Membership Contract at one of the July rehearsals prior to the first day of full band camp, or mail them to the HHS Band Office (c/o Chad Himmler, 2929 McCully Rd., Allison Park, PA 15101. Students will not be permitted to perform at Kennywood on Aug. 3rd if they have not yet returned the forms.***

**HAMPTON HIGH SCHOOL MARCHING BAND**  
**2024 MEDICAL FORM 2025**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Street: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT CELL PHONE NUMBER: \_\_\_\_\_

Allergy and reaction: \_\_\_\_\_

Allergy and reaction: \_\_\_\_\_

Allergy and reaction: \_\_\_\_\_

Illness and Current Medications to be aware of, etc.: \_\_\_\_\_

\_\_\_\_\_

**Tylenol, Ibuprofen, and Antacids (Tums) will be available for self-administration by students with parent permission. My child may self-administer as needed according to bottle directions. Please circle "Yes" or "No" for each medication listed:**

Tylenol            YES            NO    *(please also enter this in Charms)*

Ibuprofen        YES            NO    *(please also enter this in Charms)*

Antacid (Tums) YES            NO    *(please also enter this in Charms)*

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Agreement #: \_\_\_\_\_ Plan Code: \_\_\_\_\_

*I understand this activity involves strenuous physical exertion and feel that my son/daughter is physically fit for such activities. In any situation where superficial first aid is not sufficient, trained medical personnel will be summoned. When possible, contact will always be made with the parent/guardian before treatment. Transport will be made to the nearest hospital. These decisions will be made at the discretion of the staff who will not take any risks with the welfare of your child.*

*I hereby grant permission for my son/daughter to participate in the Hampton High School Marching Band in all of its activities. I further grant permission for my son/daughter to receive emergency medical treatment, as required, during any organized music activity, if I cannot be contacted in advance.*

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