

Parent / Guardian PRINTED Name: _____ (please print neatly)

Parent / Guardian Signature: _____ Date: _____

HAMPTON HIGH SCHOOL MARCHING BAND

Student Printed Name: _____
(please print neatly)

MEMBERSHIP CONTRACT

2026-2027

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 his/her membership in the marching band for the 2026-2027 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 162 students.

We have received and read the policies/grading procedures of the Hampton High School Marching Band. We understand that a coordinate position (or dot) will be assigned to me that only I (or my child) can perform.

I promise to fulfill my commitment to the Hampton HS Marching Band for the fall 2026 season by remaining a member for the entire performance season and 26-27 school year.

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: _____

The Medical Form and Membership Contract are due NO LATER than Wednesday, May 27 and should be handed directly to Mr. Himmler. Or, they must arrive in the mail by Wednesday, May 27. (Hampton High School Band, c/o Chad Himmler, 2929 McCully Rd., Allison Park, PA 15101)

HAMPTON HIGH SCHOOL MARCHING BAND

2026 MEDICAL FORM 2027

Name: _____ Instrument: _____

Street: _____ Grade: _____

City: _____ Birth Date: _____

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
Ibuprofen	YES	NO
Antacid (Tums)	YES	NO

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.

Parent / Guardian Printed Name: _____ (please print neatly)

Parent / Guardian Signature: _____ Date: _____