



**2022-2023 TOWNS COUNTY HIGH SCHOOL
MARCHING BAND REGISTRATION &
MEDICAL RELEASE AND WAIVER FORM**

Student Name: _____

Name of Parent/Legal Guardian: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone Number: _____

Emergency Contact #: _____

Insurance Company: _____

Policy/Group #: _____

Allergies: _____

Medical conditions that may prevent participation in certain activities (Please continue on back as needed):

MARCHING BAND DUES: \$75

Paid: Yes No Date: _____

Checks should be made out to TC Band Boosters

I _____, as parent or legal Guardian of _____, hereby grant the permission necessary to allow my son/daughter to participate in the Band Program at Towns County High School.

I acknowledge and agree that such participation includes travel to and from football games and other band events on a bus provided by the school system.

In the event of illness or injury during any band activity I authorize the band director to obtain necessary medical treatment for my son or daughter.

I have read this Release and Waiver in its entirety and fully understand its contents.

We are committing to be a part of the 2022-2023 Towns County band program. We will read the Band Handbook and abide by its policies.

Signature of Student: _____ Date: _____

Signature of Parent/ Legal Guardian: _____ Date: _____

Relationship to Minor: _____ Notary Public Seal & Date: _____