

Lakewood High School Band Registration Form

Student Name: _____ Grade: _____

Date of Birth: _____ Age: _____

Parent/Guardian 1: _____ Phone #: _____

Parent/Guardian 2: _____ Phone #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information:

Contact 1 Name: _____

Phone# _____

Relationship to student: _____

Contact 2 Name: _____

Phone# _____

Relationship to student: _____

Please list any student medical problems _____

Please list any student medications _____

Please read the statement below and sign

I, _____ (*print student name*) agree to attend all band events and activities for the school year 2021 - 2022, be prepared for said activities by attending practices, and be a willful participant in all endeavors.

Student Signature _____ *Date* _____

I, _____ (*print parent name*) understand that my student has elected to participate in Lakewood Band Program for the school year 2021 - 2022 and I agree to support them in any way I am capable.

Parent/Guardian Signature _____ *Date* _____