

# EHS MARCHING BAND REGISTRATION PACKET

(Forms due in band office on Wednesday, August 22)

**PARENTS AND STUDENTS:** Please take a few moments to read over the attached items. These forms and fee are due in the band office during band camp.

- ⇒ EHS BAND MEDICAL INFORMATION FORM – must be signed by parent and returned to band camp by Wednesday, August 22. (*Print page 2 of this document*)
- ⇒ FINE ARTS ELIGIBILITY STATEMENT-- must be signed by student and parent and returned to band camp by Wednesday, August 22. (*Print page 3 of this document*)
- ⇒ MARCHING BAND FEES are due Wednesday, August 22. The amount due is \$65 for new students and \$40 for returning students. Checks are payable to EHS Band.

Please visit the band website for frequent updates [www.edinabands.com](http://www.edinabands.com)

**EDINA HIGH SCHOOL BANDS**  
**MEDICAL INFORMATION FORM**  
**RETURN THIS FORM TO BAND CAMP**

**2012-2013**

**GENERAL INFORMATION**

Student's Name \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent E-mail \_\_\_\_\_ Student E-mail \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL INFORMATION**

*Requested in compliance with Edina High School policy*

Student has the following known medical conditions or illnesses:  
\_\_\_\_\_

Student has the following known allergies to foods or medications:  
\_\_\_\_\_

Student has the following special dietary needs: (vegetarian, etc.):  
\_\_\_\_\_

Student has parental permission to bring and self-administer the following prescription drugs (include name, type, and dosage):  
\_\_\_\_\_

Student has parental permission to bring and self-administer the following non-prescription drugs (list ALL such medications):  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Contact/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Date of Last Tetanus Inoculation: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

*Parent/Guardian(s) agrees to assume full responsibility for student medical expense incurred during band activities, including those in excess of common carrier liabilities in case of accident. I understand this information may be shared with adult chaperones as deemed necessary by the band directors.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# 2012-2013 MSHSL ELIGIBILITY STATEMENT

Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian  
Please check all items:

- I have read, understand, and acknowledge receiving the 2012-2013 MSHSL Eligibility Brochure, which contains only a summary of the eligibility rules of the Minnesota State High School League. I understand that a copy of the Official Handbook of the MSHSL is on file with the senior high school athletic director and or principal and that I may review it, in its entirety, if I so choose. The Official Handbook and MSHSL bylaws are also posted on the MSHSL Web site: [www.mshsl.org](http://www.mshsl.org) under Handbook
- We, the student and parent, have reviewed Concussion Management Recommendations for MSHSL Athletes contained in the Eligibility Brochure and on the following website: [www.cdc.gov/concussion](http://www.cdc.gov/concussion)
- I understand that once I sign the eligibility statement all eligibility rules apply:
  - Twelve (12) months of the year;
  - Whether I am currently participating or not;
  - Continuously from the first signing of the statement through the completion of my high school eligibility.
- Regardless of my age I agree to follow all of the MSHSL Bylaws in order to be eligible to represent my school in League-sponsored activities.
- I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League athletic activities a school may sponsor and that local rules may be more stringent, and penalties more severe, than MSHSL rules.

### STUDENT CODE OF RESPONSIBILITIES

- As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
  - I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
  - I will be fully responsible for my own actions and the consequences of my actions.
  - I will respect the property of others.
  - I will respect and obey the rules of my school and the laws of my community, state and country.
  - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

**A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student not in good standing, a student may not serve any penalty for MSHSL Bylaw violations.**
- Informed Consent:** By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**
- I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.
- I further understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.
- By signing this we acknowledge that we have read the information contained in the MSHSL Eligibility Brochure and Statement.
- I/we acknowledge the electronic signature confirms I/we have read and reviewed the information contained in the contents of the Eligibility Brochure and Statement. I/we also acknowledge this electronic signature has the same legal effect, validity, and enforceability as a signature in a non-electronic form.

**The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.**

Student's Printed Name

Birth Date

Grade in School

Student's Signature

Date

Parent's or Guardian's Signature

Date