



2008 Membership Application

Audition Location: Fort Mill

Last Name: _____ First Name: _____ Nick Name: _____ Section:

Brass Battery Pit Guard Instrument: _____ Birthday: ____/____/____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-Mail Address (NO AOL or .edu addresses!): _____

High School Student School: _____

Current Address (if different: i.e. college): _____

City: _____ State: _____ Zip: _____ Phone: _____

Father's First Name: _____ Father's Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ E-Mail: _____

Work Phone: _____ Occupation: _____

Interested in Volunteering? Yes No

Mother's First Name: _____ Mother's Last Name: _____

Address _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ E-Mail: _____ Work Phone: _____

Occupation: _____ Interested in Volunteering? Yes No

Previous corps/guard marched with including dates: _____

Do you owe any other corps/guard money, equipment, or uniforms? Yes No

The Drum Corps International policy on member transfers states that a member of a corps cannot move to another corps after March 1st, without a written release from the Director.

Please initial that you understand this policy: _____

T-Shirt Size: Small Medium Large X Large

2008 Medical Information

Who should we contact in case of emergency? _____

Relationship To You: _____ Phone _____

Medical Insurance Company: _____ I.D.#: _____

Insured Through Father Mother

Personal Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: Food(s) _____ Medication(s) _____

Medication(s) for Allergies: _____

Other Medication(s) Taken Regularly: _____

Have you ever had:

YES NO

- Diabetes
- Asthma / Breathing Disorders
- Bleeding Disorder
- Heart Condition
- Knee or Ankle Problems
- Carpal Tunnel Syndrome

YES NO

- Epilepsy
- Migraine Headaches
- Blood Pressure
- Arthritis
- Back Pain
- Glasses / Contacts

Please explain if you answered yes to any of the above: _____

Any Fractures: No If yes, location and date: _____

Any Surgeries: No If yes, reasons and date: _____

Have you been vaccinated for the following? Measles Yes Chicken Pox Yes

Date of last Tetanus Shot: _____ (We suggest you get a booster before tour if over five years.)

Date of last physical exam: _____ (We suggest you get a full physical before tour if over two years.)

MEDICAL RELEASE: THE HISTORY I SUPPLIED ON THESE PAGES IS CORRECT TO THE BEST OF MY KNOWLEDGE. THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CORPS ACTIVITIES EXCEPT AS NOTED BY ME. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY AN ADMINISTRATOR OF CAROLINA CROWN, TO HOSPITALIZE, SECURE PROPER ANESTHESIA, OR GIVE ANY OTHER NECESSARY CARE FOR MY CHILD.

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18)

DATE

MEMBER SIGNATURE (IF OVER 18)

DATE