

## 2010 DFRC Blue-Gold All★Star Football Game

### **BAND MEMBER PERMISSION FORM—Please print all requested information**

Seniors—To participate in Hand-in-Hand this form is due DEC 7, 2009 All others— this form is due MAY 3, 2010

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

Nickname: \_\_\_\_\_  
Years Participated  First Year  Second  
in Blue-Gold Band:  Third  Fourth

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

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Area Code) (Area Code)

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Adult T-Shirt Size (circle one): SM MED LG X-LG XX-LG

Instrument: \_\_\_\_\_ Other Role in Band: \_\_\_\_\_

Are You A Drum Major?  Yes  No Are You Interested in being a Blue-Gold Drum Major?  Yes  No

Your Band Director's Name: \_\_\_\_\_ Director's Email: \_\_\_\_\_

#### **DFRC Blue-Gold Band Member—Your commitment to the program:**

- \* Seniors in Hand- in-Hand are required to attend orientation in February, and monthly Blue-Gold events through Game Day.
- \* All Band Members will rehearse approximately five days in June, 2010 (one (1) evening, two (2) full days and two (2) half-day rehearsals). Rehearsals will begin in mid-June 2010, dates will be confirmed to you in writing. On Game Day, June 19, 2010, there will be a final rehearsal during the afternoon prior to the Game.
- \* You must provide your own instruments and arrange your own transportation to all rehearsals and to Game Day. For the Game Day performance, you must wear sneakers and acceptable khaki shorts. A T-shirt will be provided for Game Day.

Band Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### **PERMISSION AND PUBLICITY RELEASE BY PARENT OR GUARDIAN**

I hereby give my permission for the student named above to participate, health permitting, in the DFRC Blue-Gold All★Star Football Game Program and to attend all scheduled Blue-Gold events and practice sessions.

Further, I hereby grant to DFRC, Inc., and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs, video and audio recordings of my child/me, including his/her/my image and likeness as depicted therein, for editorial, trade, advertising or any other purpose and in any manner or medium; to alter the same without restriction; and to copyright the same. I hereby release DFRC, Inc. and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said images.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby set their hand and seal the date written below.

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

Parent/Guardian Name (please print) \_\_\_\_\_

**PLEASE COMPLETE BACK OF THIS FORM FOR REQUIRED MEDICAL AND CONTACT INFORMATION  
PLEASE ATTACH A RECENT PHOTOGRAPH OF THE STUDENT—SCHOOL PORTRAITS ARE BEST**

*Thank you!*

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### BAND MEMBER MEDICAL/PARENT CONTACT FORM—*Please print all requested information*

Your Name: \_\_\_\_\_ School: \_\_\_\_\_  
First Name Last Name Suffix

**INSURANCE INFORMATION:** Check here  if you do not have insurance coverage—it will not disqualify you from participating.

Full Name of Subscriber: \_\_\_\_\_

Subscriber's Social Security Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Insurer's Phone Number: \_\_\_\_\_  
Policy Policy Include Area Code

Group Number: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Family/Primary Care Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_  
Physician's Include Area Code

Physician's Full Address: \_\_\_\_\_

#### **MEDICAL HISTORY:**

Head/Neck Injuries      Yes <input type="checkbox"/> No <input type="checkbox"/> Previous Concussions      Yes <input type="checkbox"/> No <input type="checkbox"/> Back Injuries      Yes <input type="checkbox"/> No <input type="checkbox"/> Shoulder Injuries      Yes <input type="checkbox"/> No <input type="checkbox"/> Arm and Hand Injuries      Yes <input type="checkbox"/> No <input type="checkbox"/>	Knee Injuries      Yes <input type="checkbox"/> No <input type="checkbox"/> Ankle and Foot Injuries      Yes <input type="checkbox"/> No <input type="checkbox"/> Drug/Insect Allergies      Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes      Yes <input type="checkbox"/> No <input type="checkbox"/> Previous Surgeries      Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you answered Yes to any of the above please provide an explanation (use additional sheets, if needed)  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you previously seen an Orthopedic Surgeon for and injury? Yes  No  If yes, provide surgeon's name and contact info:  
 Surgeon's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Include Area Code

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

#### **Parent/Guardian Contact Information** (please print all information)

Mother/Guardian Full Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Include Area Code Include Area Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Civic or Social Activities (Lions, Rotary, Scouting, Church, etc.): \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Include Area Code Include Area Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Civic or Social Activities (Lions, Rotary, Scouting, Church, etc.): \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM - *Thank you!***