

| Please Print Legibly: | Craduation Voor | | | |
|---|---|--|--|--|
| | Graduation Year: Student ID #: | | | |
| Address: | | | | |
| Home Phone: Student Cell #: | Student Email: Band Section/Instrument: | | | |
| I will participate in the PRIDE OF COLGAN MARCHIN If <u>yes</u> , | | | | |
| or 🗌 I plan to participate in color guard | | | | |
| (circle one) YES NO If <u>yes</u> , my s | pecialty instrument is | | | |
| | | | | |
| Address information is same as student's | Address information is same as student's | | | |
| Mothers Name: | _ Fathers Name: | | | |
| Mothers Name: Address: | Fathers Name: Address: | | | |
| Mothers Name: | Fathers Name: Address: | | | |
| Mothers Name: Address: | _ Fathers Name: Address: Phone: | | | |
| Mothers Name: | _ Fathers Name: Address: Phone: Work Phone: | | | |
| Mothers Name: Address: Phone: | Fathers Name: Address: Phone: Work Phone: Cell Phone: | | | |

Booster Questionnaire

It takes a lot to run our Band Booster organization. It requires commitment, dedication, and participation by our volunteers. It can be many hours of work if only a few do it but it can be only a few hours of work if many do it. Band parents and band boosters have a huge impact on the success of our band and guard. We invite you to make a commitment now of your valuable time to help the CHS Band Program.

Please let us know where your talents can be used. We are a diverse group and you may have more to offer than you think. Please check any of the following areas in which you can offer assistance.

| Chaperoning | Photography | Sewing | Game Day Meals | |
|-----------------|--------------------------|------------|--|------|
| Fundraising | Pit Crew | Tag Day | Special Events | |
| Band Camp | Sponsor Donation | nsHandyman | (help with assembling/repair of instrume | nts) |
| I would also be | interesting in helping w | ith | | |
| | | | | |

The Band has established a website (<u>www.colganband.com</u>) to keep you informed of schedules and activities related to band and marching band. It may also include photos taken of band students at events, generally without names listed.

____ Yes, I give permission for my child's photo or likeness to appear on the Band Boosters website and social media.

_____ No, please do not post pictures that include my child on the Band Boosters website and social media.



Food Allergies

We will do our best to accommodate food allergies but please understand we may not be able to accommodate every allergy at every meal. Thank you for providing this information to help us start planning meals for this fall.

| Student Name: | | | | | | | | | |
|--------------------|--|--------|----------|--------|----------------|--|--|--|--|
| No Known Allergens | | | | | | | | | |
| | | Avoids | Moderate | Severe | Epi-Pen Needed | | | | |
| Peanuts | | | | | | | | | |
| Tree Nuts | | | | | | | | | |
| Gluten | | | | | | | | | |
| Dairy | | | | | | | | | |
| Soy | | | | | | | | | |
| Other: | | | | | | | | | |
| Non-Food Allergies | | | | | | | | | |
| Bee Stings | | | | | | | | | |
| Other | | | | | | | | | |

A note about Epi-Pens:

Band camp occurs before PWCS employees report for the school year so there is not a school nurse on duty during the two weeks of band camp. Students should always have their Epi-Pen with them at camp if they carry one. We have a few band parents who work in the medical field that volunteer some of their time during band camp and if you have this training, we welcome your help!

When a student wears the marching band or color guard uniform they are unable to self-carry their Epi-Pen so we designate a band volunteer to carry it for them. The student is always told which volunteer has their Epi-Pen in case it is needed and this volunteer will ride on the same bus as the student when we travel. At the conclusion of the game or competition the student needs to remember to get their Epi-Pen back from the band volunteer. If possible, we try to have the same volunteer carry the Epi-Pen each time so the student is familiar with them.