



Heat Wave Drum & Bugle Corps Member Information Form

FULL LEGAL NAME _____ SEX _____ AGE _____

PERMANENT ADDRESS _____

CITY _____ ST _____ ZIP _____ COUNTRY _____

HOME TELEPHONE _____ CELL: _____

EMAIL: _____

DATE OF YOUR BIRTH _____ CITY AND STATE OF BIRTH _____
(mo/day/year)

MOTHERS (MAIDEN) NAME ON BIRTH CERTIFICATE: _____

NAME/CITY/STATE OF HIGH SCHOOL YOU ATTENDED: _____

SECTION OF CORPS: Brass Percussion Instrument: _____ Color Guard

PREVIOUS CORPS EXPERIENCE (Corps name and year(s) marched): _____

FATHER'S CONTACT INFORMATION

MOTHER'S CONTACT INFORMATION

Name _____ Name _____

Address _____ Address _____

City/St/Zip _____ City/St/Zip _____

Phone: _____ Phone: _____

Email: _____ Email: _____

IF YOUR PARENTS DO NOT LIVE TOGETHER, WHO SHOULD RECEIVE INFORMATION?

FATHER _____ or MOTHER _____

ADDITIONAL EMERGENCY CONTACT: _____

(name and full phone number)

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____



Heat Wave Drum & Bugle Corps Medical Information & Consent Form

A completed paper copy of this form must be submitted upon registration at first camp. **No exceptions will be made!**

() Returning Member () New Member ****PLEASE PRINT CLEARLY ON FORM****

NOTE: Parent signature required for members under 18 years of age

Member Name: _____ Sex: M F Age: ____ DOB: ____/____/____

Home Address: _____

Email Address: _____ Cell Phone: _____

This form will be reviewed by the drum corps staff and used as permission to provide treatment in the event of an emergency.

Emergency Contact Information: Please indicate which should be primary contact, if necessary.

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Email Address: _____ Email Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Alternate adult emergency contact: (If parents cannot be reached in an emergency)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Insurance Information: Attach a copy of your medical and pharmacy insurance cards (front and back).

Physician's Name: _____ Phone Number: _____

Medical Insurance Company: _____ Policy ID #: _____

Address: _____ Phone: _____

Policy Holder's Name: _____ Policy Holder's DOB: ____/____/____

Prescription Plan: _____ Policy ID #: _____

Medical Information:

Heat Wave Drum & Bugle Corps is a performing ensemble of Heat Wave of Florida, Inc. a State of Florida registered 501c3 organization.

Have you ever been restricted from a physical activity?	Y or N	Do you have a chronic/ongoing illness such as diabetes or asthma?	Y or N
Have you ever had surgery?	Y or N	Do you have a heart problem?	Y or N
Do you have a history of broken bones, serious sprains/tendonitis or shin splints?	Y or N	Has exercise ever caused you to pass out?	Y or N
Any recent history of mononucleosis?	Y or N	Do you have any skin conditions such as rashes, eczema?	Y or N
Have you ever had a seizure?	Y or N	Do you have frequent headaches or migraines?	Y or N
Do you have seasonal allergies that require medical treatment?	Y or N	Ever have anxiety or depression requiring medical treatment?	Y or N
Do you have any allergies (insect bites/stings, food, medication)?	Y or N	Have you ever become ill from exercising in the heat?	Y or N
Do you take prescription drugs regularly?	Y or N	Any other medical issues?	Y or N

Member's Name: _____

Explanation of yes answers from previous box:

If you have a special need for specific over-the-counter medication, ice packs or heat therapy, it is your responsibility to supply these treatments.

Over-the-Counter (OTC) Medication: Please list below any OTC/non-prescription medication that you **DO NOT** want the corps to administer to your child for headaches, colds, constipation, diarrhea, allergies, muscle soreness or other health complaints.

PLEASE DO NOT ADMINISTER THE FOLLOWING MEDICATIONS:

List All Prescription Medication: My child/ward has my permission to take the following MEDICATION as prescribed by his/her doctor. **We understand that should our child/ward be found in possession of any prescription drug not specified herein, action will be taken.** Please attach physician's note, if necessary.

Chronic Condition/Allergy	Allergy Symptom	Name of Medication	Dose	Time/Frequency

Required Immunizations and Dates Given:

_____ Tetanus(TdaP) _____ Measles/MMR _____ Hepatitis B _____ Chicken Pox _____ Meningitis(Menactra)

CONSENT

_____ is a member of The Heat Wave of Florida Drum and Bugle Corps and as a member engages in practice, tours and performance. The undersigned desires that said member receive the proper medical treatment in the event of illness or accident, consents to the administration of all medical treatments as may be deemed necessary, and accepts financial responsibility for said treatments. In accepting this consent, Heat Wave of Florida Inc. agrees to notify a parent, guardian or other identified emergency contact in the event of any serious accident or illness.

In case of emergency, I authorize the attending Heat Wave of Florida Inc. staff/volunteer members to sign release forms for the admitting and treatment of above named patient.

If emergency surgery is required and I cannot be reached, I authorize the attending Heat Wave of Florida Inc. staff/volunteer member to sign proper release forms for surgery and related treatment of above named patient.

I understand that all information provided in this document will be kept in strict confidence and will be available only to Heat Wave of Florida Inc. staff/volunteers and other authorized personnel who provide first aid and/or medical care as required to render appropriate treatment.

I recognize that there are certain inherent risks associated with participating in a drum corps and I assume full responsibility for personal injury to myself/my child, and further release and discharge Heat Wave of Florida Drum Inc, their employees, volunteer staff and members for injury, loss or damage arising out of my/my child's participation in this rigorous activity, receiving first aid and/or medical care, whether caused by the fault of myself/my child, Heat Wave of Florida Inc, members, staff and/or volunteers.

I/We have read in entirety Heat Wave of Florida Inc. Membership Handbook and understand that it is my/my child's responsibility to attend to all information in this packet that pertains to me/them and taking care of my/their health.

I hereby state that the information provided is complete and accurate to the best of my knowledge and I will notify the drum corps staff of any changes in my/my child's medical condition or change in contact information.

Member's Signature: _____ Date ____/____/____

AND Parent signature if participant is under 18 years of age

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____



Heat Wave of Florida, Inc.
2659 E. Gulf to Lake Hwy Suite 328

Photo Release for Minor Child

I hereby authorize Heat Wave of Florida Inc. to publish any photographs taken of me and/or the undersigned minor child, and our names, for use in The Heat Wave of Florida Inc. printed publications, convention style promotions, and websites.

I release Heat Wave of Florida Inc. from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the child listed below. Therefore, I have the legal means to authorize Heat Wave of Florida Inc. to use the photographs and names.

I acknowledge that since participation in publications, conventions style promotions, and websites produced by Heat Wave of Florida Inc. is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication, convention style promotions or websites produced by Heat Wave of Florida Inc. confers no rights of ownership whatsoever. I release Heat Wave of Florida Inc. and its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the undersigned minor child.

Signature: _____
(Parent or Legal Guardian)

_____ Date

Name of Member/Minor Child: _____ **Current Age:** _____

Standard Photo Release (for members 18 and older)

I hereby authorize Heat Wave of Florida Inc. a performing arts program, to publish any photographs taken of me, and my name, for use in The Heat Wave of Florida Inc. printed publications, convention style promotions, and websites.

I acknowledge that since participation in publications, convention style promotions, and websites produced by Heat Wave of Florida Inc. is voluntary, I will receive no financial compensation.

I further agree that participation in any publication, convention style promotions or websites produced by Heat Wave of Florida Inc. confers no rights of ownership whatsoever. I release Heat Wave of Florida Inc. and its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____
(Members 18 or older)

_____ Date



Code of Conduct Agreement

I understand that the staff will hold all members/ participants to a high standard with regard to how they act, interact and participate in The Heat Wave Drum & Bugle Corps. I have read and agree to abide by following conditions of membership.

THE USE OF ALCOHOL AND DRUGS IS STRICTLY PROHIBITED.

Drugs: Heat Wave will do everything possible to have the corps 100% drug-free. Drugs are not permitted or to be used at Heat Wave of Florida rehearsals, camps, functions, and on any part of the tour. Heat Wave of Florida is concerned with the possibility of any negative influence members might have on others and they will take corrective action to fix the problem.

Alcohol: Alcohol is not permitted or to be used at Heat Wave rehearsals, camps, functions, and on any part of the tours, regardless of the member's age.

Language: In Heat Wave we are judged by our every word and action. The language you use can sometimes be offensive. Profanity is not allowed at Heat Wave of Florida rehearsals, functions, and when in uniform.

Smoking: By law, Florida is a "smoke-free workplace" state. Heat Wave's goal is to have all members not smoke. We will provide education and/or help to the smokers in the corps to help them quit. Heat Wave's policy is that you CANNOT smoke on ANY school grounds, at Heat Wave facilities, on Heat Wave busses, around Heat Wave vehicles, in uniform, or during meetings. You MAY NOT smoke during rehearsals or on your breaks during rehearsals.

Manners: Heat Wave believes that how you interact with people is extremely important. We will encourage courtesy and manners. We are very fortunate to have many hard-working volunteers. These people put in many long hours for no other reason than for the love of the organization. Please take the time to thank the people who make all of this possible.

Stealing: Stealing is illegal and will not be tolerated here at Heat Wave. Examples are taking other people's shoes, plumes, uniform parts, clothing, wallets, school property, etc. These and any other offenses will be dealt with severely.

Attitude: The attitude you bring to and develop in Heat Wave is very important. The staff will consider your attitude as your audition. We are an organization 100 strong, not a specific section or individual. We are all working hard and dedicating ourselves to a common goal. In order to achieve that end, we must all have the same positive approach.

Student and Instructor relationships: No inappropriate behavior concerning the corps members/ participants will be tolerated (such as personal messages, texting, and exchange of inappropriate photographs, physical contact that does not concern actual instruction in music or marching. No Corps member will be contacted individually without informing the caption head or the Corps Director.

Sexual Harassment: Although implicitly covered in the Code of Conduct, we explicitly state our policy. The Heat Wave Drum and Bugle Corps has adopted the EEOC's definition of sexual harassment. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of sexual nature.

There are many high-quality groups around the country for us to enjoy and respect. One of the greatest experiences in this activity is getting to know others and watching them work as hard as we do. Learn from, and applaud their efforts and achievements.

Participant Signature

Date

Parent Signature (if under 18 years of age)

Date



Assumption of Risk Form

I, the undersigned participant in the Heat Wave Drum & Bugle Corps, or the parent/guardian of the above listed participant in the Heat Wave Drum & Bugle Corps if he/she is under the age of eighteen, acknowledge and fully understand that each participant in the Heat Wave Drum & Bugle Corps will be engaging in activities that involve risk of serious injury, including permanent disability or death, which might result not only from the participant's action, inaction or negligence but also the action, inaction or negligence of others and/or the condition of any premises (including but not limited to football fields), risks created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including but not limited to walking and/or driving or being driven to and from rehearsals and other activities, and furthermore, that there may be other unknown risks that are not reasonably foreseeable at this time.

Accordingly, I acknowledge, fully understand and agree that I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenant to indemnify and not to sue The Heat Wave Drum & Bugle Corps, its instructors, managers, employees and associated personnel, officers, directors, agents, members, volunteers and representatives from any and all liability to the undersigned, his/her heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's participation in The Heat Wave Drum & Bugle Corps.

In an event of participant's illness, I hereby authorize any of the directors, officers, managers, instructors or chaperones of The Heat Wave Drum & Bugle Corps who are present to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the participant in the reasonable judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors or chaperones of The Heat Wave Drum & Bugle Corps consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the Director of The Heat Wave Drum & Bugle Corps and that any unauthorized alteration will cause the participant to be removed from The Heat Wave Drum & Bugle Corps.

NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICIPATE IN THE HEAT WAVE OF FLORIDA DRUM & BUGLE CORPS. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN. IF MEMBER IS UNDER 18 A PARENT OR GUARDIAN MUST SIGN FORM

Member Signature

Date

Parent/Guardian Name
(if member is under 18 years of age)

Date



HEAT WAVE

Drum & Bugle Corps

Camp Permission Form

(for 17 and under)

____/____/____

(Date)

I, _____, have given permission to my son/daughter to travel to South Sumter High School, in Bushnell, FL to attend a Heat Wave Drum & Bugle Corps rehearsal/camp. I understand that he/she will be attending for the purpose of music or colorguard, and marching instruction. In case of emergency, I can be reached at the following number: (____) - _____ - _____

(Participant Name)

(Parent's signature)