



Person High School Marching Band

Print Form

Submit by Email

Information Form

Person High Band

School Year _____

Student Info:

Name _____ Grade Level _____

Address _____ City _____ State ^{NC} Zip Code _____

email _____ Phone Number _____ Cell Number _____

Shoe Size Width Shirt Size (adult men) Uniform Number _____

Primary Instrument _____ Instrument Serial Number _____

Other Instruments I can play _____

I am also involved in the following activities that may cause scheduling conflicts: (Please select all that apply)

- Football Dance Cheerleading Soccer Softball Baseball Chorus
- Track Wrestling Tennis Cross Country Basketball Track & Field Volleyball
- Golf PCC Courses Job JROTC Other _____

Parent or Guardian Information:

Mother's Name _____ address same as student

Address _____

City _____ State ^{NC} Zip Code _____ email _____

Phone Number _____ Work Number _____ Cell Number _____

Father's Name _____ address same as student

Address _____

City _____ State ^{NC} Zip Code _____ email _____

Phone Number _____ Work Number _____ Cell Number _____

Guardian's Name _____ address same as student

Address _____

City _____ State ^{NC} Zip Code _____ email _____

Phone Number _____ Work Number _____ Cell Number _____

By signing below I confirm the above information is correct and am aware this information will only be used for PHS band purposes.

Student Signature _____

Parent Signature _____

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Health Information:

Allergies _____

Medications _____

Medical Issues or Concerns _____

In case of Emergency Please Contact the following if Mother, Father, or Guardian can not be reached.

Name _____ Relationship _____

Phone Number _____ Work Number _____ Cell Number _____

Primary Physician _____

Address _____

City _____ State NC Zip Code _____ Phone Number _____

Medical Insurance _____ Subscriber ID # _____

Group Number _____ Policy number _____ Phone number _____

If my student is injured or needs medical attention please take him/her to _____
or the nearest medical facility.

By signing below I confirm the above information is correct and am aware this information will only be used for PHS band and student purposes, and therefore will not be shared with any outside companies, agencies, or individuals unless absolutely necessary.

Student Signature _____ Date _____

Parent Signature _____ Date _____