## **Summer Band Registration Form**

- Registration cost for Summer Band is \$50. Registrations are due by May 26<sup>th</sup>. No late registrations accepted.
- To register, mail this completed registration form and a separate check for \$50 payable to Arlington Heights
   School District 25 and mail in time to arrive by May 26<sup>th</sup>, 2016 to:

Arlington Heights District 25 Department of Instruction - Summer Band Program 1200 South Dunton Avenue Arlington Heights, Illinois 60005

Student's Name:	Home Phone #:		
Email address (parent's preferre	ed):		
Address			
number street	city	state zip code	
Grade entering Fall, 2017	Middle School attending	Instrument	
Mother's Name	Father's	Name	
Home Phone #	Home Ph	Home Phone #	
Business Phone	Business	s Phone	
Cell Phone	Cell Phor	Cell Phone	
Pager Number	Pager Nu	Pager Number	
Does your child have any of the  Allergies Asthma Epilepsy / Seizures Diabetes Heart condition Insect sting reaction Recent surgery? Stomach or bladder prob Wears glasses or contact Takes daily prescribed m Other pertinent health into	swer the following questions about y following conditions?  To what? Limitations?  Restrictions? Emergency measures necessa What type? blems at lenses (Circle one) nedication What type? formation the school should know:	rour child by marking the appropriate box.	
to take such emergency action as may As a parent and/or guardian, I do herev in the event of a medical emergency wh physical impairment or undue discomfo	be deemed necessary, including the transpo with authorize the treatment by a qualified and nich, in the opinion of the attending physician	se of serious injury or illness, I authorize the schoo ortation of the student to a hospital or medical cente d licensed medical doctor of the above named min n, may endanger his or her life, cause disfiguremen after a reasonable effort has been made to reach m	
XDate	Signature	of Parent or Legal Guardian	