



Registration Form

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt. Phone: (____) _____

Email Address: _____

Student's First Name: _____

Student's Last Name: _____

Name Tag Preference (Andrew, Andy, Drew....) : _____

Instrument(s): _____

Years Played: _____

School Name: _____

School District #: _____ Grade: _____

Band Director Name: _____

Private Lessons Instructor's Name: _____

T Shirt Size (adult sizes): S M L XL XXL

Have you attended our Winter Band Day or Summer Band camp before?

Winter Band Day Summer Band Camp

Band Day registration fee is \$25

(No cash, please include check or money order made payable to: **Southwest Community Concert Band**)

Emergency Contact: _____

Emergency contact number for Band Day: (____) _____ or (____) _____

Both sides of this form must be completed to complete your registration



Southwest Community Concert Band

Post Office Box 244 • Lockport, Illinois 60441-0244

Voicemail : (815) 293-7259 • Email : info@swcommunityband.com

Web Site : www.swcommunityband.com •  at www.facebook.com/swcommunityband



Participant Name _____

RELEASE OF LIABILITY

The Participant designated below will engage in the following activities being held at the Orland Park Civic Center, sponsored by Southwest Community Concert Band:

Winter Band Day - January 18, 2020

As a condition of being able to participate in these activities, the undersigned, individually and/or as legal guardians for the participant hereby acknowledge and agree that:

1. The activities may involve certain inherent risks and hazards which cannot be prevented that could result in damage to property or personal injury, including death, and
2. Notwithstanding these risks, the Participant is permitted to enter upon the premises to participate in all activities and assume all risks associated with the activities in which the participant may engage, and
3. The participant has no medical condition or health problem which prevents his or her participation; and
4. The Participant has been informed of and agrees to abide by all safety rules and regulations promulgated by Southwest Community Concert Band, Orland Park Civic Center and Village of Orland Park; and
5. The Participant(s) are responsible individually and collectively for financial costs for any damage to Orland Park Civic Center property or equipment while said activity is in progress, and the time immediately preceding and following said activity; and
6. We hereby release and hold harmless Southwest Community Concert Band, Orland Park Civic Center and Village of Orland Park; its agents, officers and employees, successors and assigns from any and all liability, claims, demands, actions and causes of actions, whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the Participant or any property of the Participant while in, on or around the premises, and will not institute nor aid any suit or action against any of the foregoing for damage, loss or injury to person or property which may be sustained by the Participant; and
7. We hereby authorize the directors and agents of Southwest Community Concert Band, Orland Park Civic Center and Village of Orland Park to authorize appropriate emergency care for my minor child in the event that I cannot be contacted or that immediate attention is requested by the attending medical personnel.
8. We hereby authorize the Southwest Community Concert Band to photograph and record the participant at the Winter Band Day and use said photographs and recordings for promotional purposes. No names or addresses will be used in the CD or promotional information.
9. The terms of this document are contractual in nature and not merely recitals and are binding upon the undersigned, the Participant, his or her heirs, executors and administrators.

WE HAVE READ THE FORGOING, UNDERSTAND THAT THIS A FULL AND FINAL RELEASE OF ALL CLAIMS, WHATSOEVER AGAINST SOUTHWEST COMMUNITY CONCERT BAND ORLAND PARK CIVIC CENTER AND VILLAGE OF ORLAND PARK;, ITS AGENTS, EMPLOYEES, SERVANTS AND OFFICERS, AND HAVE VOLUNTARILY EXECUTED SAME ON MY BEHALF AND THAT OF THE PARTICIPANT AND INTEND TO BE BOUND HEREBY.

Participant Legal Guardian:

Print Legal Guardian's Full Name: _____

Contact Phone: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____

Address: _____

Legal Guardian's Signature: _____

Date: _____



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