



Marching Band Clinic 2010

Saturday, May 22, 2010 8 am-6 pm American Fork High School

PARTICIPANT REGISTRATION

Name of Student: _____ Sex: _____ Badge Name _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Phone: (_____) _____ Email: _____

Name of High School: _____ Years of Marching Experience: _____

Marching Band Instrument(s): _____

For the 2010-11 school year, the *student will be* a: Freshman Sophomore Junior Senior

Emergency Contact Information:

_____	_____	_____
First	Last	Relationship
_____	_____	_____
Home Address	City/State	Zip
_____	_____	_____
Home Phone	Cell Phone	

Please list any medical conditions that the UMEA Staff should be aware of: (please circle)

Convulsions	Bleeding Disorder	Chicken Pox	Other (Please List)
Diabetes	Asthma	Measles	
Heart defect/murmur	Surgery (past 2 years)	Mumps	

List current medications and allergies:

Please list any food allergies:

I approve the above student to participate in the UMEA Marching Band Clinic

Parent/Legal Guardian

Band Director

Please enclose this application with \$15 and give to your band director no later than May 7, 2010

