CLARKSTON COMMUNITY EDUCATION REGISTRATION FORM CLARKSTON COMMUNITY BAND 2023-2024

Please return your completed registration form, along with any applicable membership dues, to the Clarkston Community Band Secretary. For more information, visit www.clarkstoncommunityband.org or email clarkstonband@gmail.com.

MEMBER INFORMATION

| NAME: | DATE: | |
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| ADDRESS: | CITY: | ZIP: |
| **EMAIL ADDRESS (required): | PHONE: | |
| INSTRUMENT: SECONDARY INSTRUMENT(S): | | |
| OCCUPATION: | | _ BIRTHDAY (mm/dd):/ |
| Are you interested in any volunteer areas (equipment, hospitality, fundraising, website/social media, Board of Directors, etc.)? | | |
| HIGH SCHOOL STUDENTS ONLY: GRADUATION YEAR: | Are | you in marching band? [] Yes [] No |
| PARENT/GUARDIAN NAME: | PARENT/GUARDIAN PHONE: | |
| Membership dues are payable during the first month of each sessic beginning rehearsals with the ensemble, in the event of partial membership fees. If you are unable to commit to these amounts an Which session(s) will you be participating in? [] Fall and winter sessions: \$100 (\$80 if paid by 9/26/23) [Payment method: [] Cash [] Check # (payable to Clarkston Community Band) [] PayPal (clarkstonband@gmail.com, add \$3 to cover transaction feed) [] Zelle (clarkstonband@gmail.com, no additional transaction feed) | session participation). High and still wish to play in the band of the still wish to play in the band of the still wish to play in the band of the still wish to play in the band of the still wish to play in the band of the still wish to play in the band of the still wish to play in the band of the still wish to play in the band of the band | school students are exempt from all d, a hardship waiver is available. |
| The undersigned, on behalf of himself or herself as the participant, or as a parent or guardian on behalf of him/herself and said participant (hereinafter collectively referred to as "the Undersigned") hereby assumes all responsibility for the Undersigned while he/she/they is enrolled in and/or participating in and/or present during and/or coming to or from activities sponsored by or conducted on or in the property of the Clarkston Community Schools School District or of any of its co-sponsors, licensees or lessees, and the Undersigned, in consideration of said participation, hereby agrees to indemnify and hold harmless the Clarkston Community Schools School District and all of its past and present Board Members, Employees, students, Volunteers, Co-sponsors, Licensees and Lessees, and all of their heirs, successors, agents and assigns, (hereinafter all collectively referred to as "the District") of and from all liability of any nature and kind (including but not limited to liability for personal injury or property damage, or damages, actual costs, and actual attorney fees incurred and/or paid to avoid, settle or satisfy a claim) arising out of or resulting from, whether in whole or in part, said activities or the actions and/or omissions of the Undersigned or the District. In the event of any injury to any of the Undersigned, permission is hereby given to the District to authorize that first aid and medical attention be given to the Undersigned who is injured. The Undersigned represent(s) and warrant(s) that the individual on whose behalf this document has been signed is in good physical condition and health and able to participate in the activity which may be the subject hereof and the Undersigned acknowledge(s) and agree(s) that said activity may be injurious and will likely require the assistance of unscreened and/or untrained volunteer coaches and other such volunteers and individuals. Photographs may be taken by the District at activities, and, unless the Director of Administrative and Personnel Services o | | |
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| PARENT/GUARDIAN SIGNATURE: | DATE | 3: |