

Courtland Band - 2026-2027

Student Name: _____ Grade: _____

Date of Birth: _____ Instrument: _____

Guardian: _____ Cell: _____

Guardian: _____ Cell: _____

Address:

City: _____ Zip: _____

Subdivision: _____

Home Phone: _____

Mom's E-mail Address: _____

Dad's E-mail Address: _____

Student's E-mail Address: _____

MEDICAL INFORMATION

Please list TWO (2) emergency contacts and phone numbers (other than parents):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical History:

- Does the above student have any allergies (food or medications)?

Yes No

If yes, please explain: _____

- Does the above student have any long-term medical issues or special needs we should be aware of?

Yes No

If yes, please explain: _____

- Does the above student take any medication we should be aware of?

Yes No

If yes, please explain: _____

- Does a CBPA chaperone have permission to give your child over-the-counter pain medication (i.e., aspirin, Tylenol, Ibuprofen)?

Yes No

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MEDICAL CONSENT

Name and address of Health Insurance Company:

Phone #: _____

Subscriber: _____

Policy #: _____

I, _____, lawful parent or guardian of _____ hereby appoint Courtland Band Parents' Association to be my lawful attorney in fact (agent) to perform any and all acts that I might perform if I were present. To authorize any and all emergency medical treatment for the health and well-being of the aforesaid child while participating in any Band activity, including, but not limited to: practices, games, trips, camps, fundraisers, travel, and competitions. I furthermore agree to be responsible for providing the Chaperone Chairperson with any necessary medications or items, including usage instructions, and ensuring that they are not expired, so that they can be stored in the CBPA medical bag.

SIGNATURE (parent or guardian): _____

DATE: _____

FEES

The fees associated with band class, marching band, and winter activities go towards the cost of transportation, uniforms, uniform cleanings, instructors, show & music, awards, and competition fees. In addition, your child will be expected to participate in fundraising activities as outlined in the Information documents. These fundraisers are necessary to help cover a large portion of the expenses involved with band; dues charged only cover a portion of the actual expenses incurred. Therefore, the fundraisers are offered to help offset your costs.

CBPA is a 501(c)(3) tax-exempt organization. ANY AND/OR ALL MEMBERSHIP FEES ARE NON-REFUNDABLE. Once your deposit payment is made, you will be responsible for all dues even if your student drops out. If dues are not paid in full and no contact is made to request help, your student will be ineligible for future band activities/trips and may be added to the school debt list.