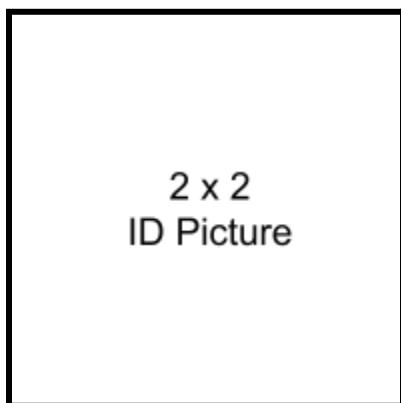


**EASTERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL**  
**MARCHING BAND**  
**Application Form**



2 x 2  
ID Picture

**Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Facebook Name:** \_\_\_\_\_

**Height (in cm):** \_\_\_\_\_ **Weight (in kg):** \_\_\_\_\_

**Grade & Section:** \_\_\_\_\_

**Adviser:** \_\_\_\_\_

**Contact no:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Guardian/s:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate any medical conditions or allergies:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH & PARENTAL CONSENT**

**I confirm that I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_.**

**I hereby provide consent for the above-mentioned student to join and actively participate in the ESNCHS Marching Band, encompassing all band-related activities such as rehearsals, training, parades, motorcades, and marching band competitions.**

**I affirm that the mentioned student is in sound physical and mental health, demonstrating the capability to engage in ESNCHS Marching Band activities without posing any risks to himself/herself or others.**

**In case of any emergency, you may reach me at: \_\_\_\_\_**

**Guardian/Parental Signature Over Printed Name**

**Date** \_\_\_\_\_