The RED HILL BAND

PO Box 403
Red Hill • PA 18076

This form must be completed and returned to the Band's Personnel Coordinator before your child will be permitted to participate in rehearsals or performances.

I grant permission for my child _____ to participate in the Red Hill Band and understand the time commitment involved. I recognize that the Red Hill Band uses photographs and video images of events, and that events may be broadcast on television and/or social media. I hereby give consent for photographs or video images of my child to be taken and used for such purposes. I understand that participation is entirely voluntary and waive any and all claims against the leadership, agents, and representatives of the Red Hill Band.

_____ _____ _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

In the event of an emergency, I consent for my child to receive emergency medical care.

_____ _____ _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Are there any pre-existing medical conditions that the Red Hill Band should be aware of?

PARENT/GUARDIAN CONTACT INFORMATION (Please Print)

_____ _____
Name Primary Phone Number

_____ _____
Street Address Secondary Phone Number

_____
City State Zip

EMERGENCY CONTACT INFORMATION (Please Print)

_____ _____
Name Phone Number

_____ _____
Name Phone Number