



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? (List below)

\_\_\_\_\_  
\_\_\_\_\_

**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*