

COLOR GUARD TRYOUT RELEASE FORM

Student Name: _____ Grade(current): _____ DOB: _____
Address: _____ Phone: _____

Parent/Guardian Name(s): _____
Phone: _____ Email: _____
Additional Emergency Contact: _____
Relationship: _____ Phone: _____

Physician: _____ Phone: _____
Insurance Co.: _____ Policy Number: _____
Student Allergies: _____
Student Prescription Medications: _____
Student Health Condition(s) of Which Emergency Personnel Should Be Aware: _____

Student Participant Release:

I, _____, have read all of the rules and regulations that govern the Knoch High School Color Guard Squad. As a representative of my school, I understand and agree to abide by them if selected as a member of the Color Guard for the 2022-2021 school year. Further, I understand that my scores may require me to fill the position of Alternate. Finally, I understand that the entire try-out process may be video recorded as proof of fairness only and I agree to this video recording.

If I am NOT selected for the squad as a general squad member this season,

I **WILL** / **WILL NOT** participate as an Alternate *(must circle one of the choices)*

I **WILL** / **WILL NOT** participate as Banner/Squad Manager *(must circle one of the choices)*

Signature: _____ Date: _____

Parent/Guardian Release:

I, _____, have read and fully understand the rules and regulations which will govern my child if chosen as a member of the Color Guard. I further understand this is a co-curricular activity and attendance at all practices, games, special functions, and summer camps is a requirement of the elected Color Guard squad. I hereby give consent to my child named above to try-out for Color Guard and recognize their responsibilities and requirements as a leader of their school. I understand, if chosen, my child will be required to pay for personal uniform pieces and fundraising will be made available to me to help offset these costs. I understand my child's participation is voluntary and I agree not to hold the Color Guard Organization, Advisor and SBCSD liable for any loss or injury sustained by my child in connection with participation. Further, I understand personal insurance must cover my child. **I give my permission for my child to receive medical attention in the event that I cannot be present or reached for any reason.** Finally, I understand my child may be video recorded during the entire try-out process as proof of fairness only and I agree to this video recording.

Signature: _____ Date: _____