



# Heat Wave Drum & Bugle Corps Member Information Form



LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

CURRENT SCHOOL ATTENDED: \_\_\_\_\_

SECTION OF CORPS: \_\_\_\_\_ INSTRUMENT: \_\_\_\_\_

PREVIOUS MARCHING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

DIETARY RESTRICTIONS? \_\_\_\_\_

PARENT/GUARDIAN CONTACT #1

PARENT/GUARDIAN CONTACT #2

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WHICH PARENT/GUARDIAN SHOULD SERVE AS YOUR PRIMARY CONTACT? \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_



# Heat Wave Drum & Bugle Corps Medical Consent Form



I understand that participation in Heat Wave Drum & Bugle Corps activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the Member Handbook. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the Heat Wave administrator in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the administrator in charge, corps medical staff, corps management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Heat Wave staff or volunteers who need to know of medical conditions that may require special consideration in conducting Heat Wave activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Heat Wave of Florida Inc., Heat Wave Drum & Bugle Corps, the administration team, and all staff, volunteers, related parties, or other organizations associated with any program or activity, including rehearsal facilities.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. I agree that, upon signing a contract to become a member of the Heat Wave Drum & Bugle Corps, I will complete the required Pre-Participation Physical at my own expense prior to the beginning of the summer tour or within the first three days of my membership (whichever comes later). If the participant is under the age of 18, a parent or guardian’s signature is required.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AND** parent/guardian signature if member is under 18 years of age

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Heat Wave Drum & Bugle Corps

## Medical Information Form



Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height (in): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Pref. Pronouns: \_\_\_\_\_  
 Gender Identity: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 \*Please attach a photocopy of both sides of the insurance card Member #: \_\_\_\_\_  
 In case of emergency, notify: Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Alternate Contact: \_\_\_\_\_ Alternate's Phone: \_\_\_\_\_

Health History: Do you currently have or have you ever been treated for any of the following?			
Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		History of heart disease or any sudden heart-related death of a blood relative before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes No
		List all surgeries and hospitalizations	Last surgery date:
Yes	No	N/A	For Biological Females:
			Irregular periods
			Severe cramps
			Excessive bleeding
			Amenorrhea



# Heat Wave Drum & Bugle Corps Medical Information Form



Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN

IF ADDITIONAL SPACE IS NEEDED, PLEASE  
INDICATE ON A SEPARATE SHEET AND ATTACH

Medication	Dose	Frequency	Reason

YES     NO    Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved by:

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are required by the Florida Department of Health before enrollment in childcare and school and recommended by Heat Wave. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date
			Tetanus	
			Pertussis	
			Diphtheria	
			Polio	
			MMR	

Yes	No	Had Disease	Immunization	Date
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	

I certify that all of the information above is correct and that I will update this form as required if any of the information changes.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Heat Wave Drum & Bugle Corps is a performing ensemble of Heat Wave of Florida, Inc., a State of Florida registered 501(c)(3) organization.



# Heat Wave Drum & Bugle Corps Photo Release



## Photo Release for Minor Child

I hereby authorize Heat Wave of Florida Inc. to publish any photographs taken of me and/or the undersigned minor child, and our names, for use in The Heat Wave of Florida Inc. printed publications, convention style promotions, and websites.

I release Heat Wave of Florida Inc. from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the child listed below. Therefore, I have the legal means to authorize Heat Wave of Florida Inc. to use the photographs and names.

I acknowledge that since participation in publications, conventions style promotions, and websites produced by Heat Wave of Florida Inc. is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication, convention style promotions or websites produced by Heat Wave of Florida Inc. confers no rights of ownership whatsoever. I release Heat Wave of Florida Inc. and its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the undersigned minor child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Member/Minor Child: \_\_\_\_\_ Current Age: \_\_\_\_\_

## Standard Photo Release (for members 18 and older)

I hereby authorize Heat Wave of Florida Inc .a performing arts program, to publish any photographs taken of me, and my name, for use in The Heat Wave of Florida Inc. printed publications, convention style promotions, and websites.

I acknowledge that since participation in publications, convention style promotions, and websites produced by Heat Wave of Florida Inc. is voluntary, I will receive no financial compensation.

I further agree that participation in any publication, convention style promotions or websites produced by Heat Wave of Florida Inc. confers no rights of ownership whatsoever. I release Heat Wave of Florida Inc. and its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Current Age: \_\_\_\_\_



# Heat Wave Drum & Bugle Corps Assumption of Risk Form



I, the undersigned participant in the Heat Wave Drum & Bugle Corps, or the parent/guardian of the above listed participant in the Heat Wave Drum & Bugle Corps if under the age of eighteen, acknowledge and fully understand that each participant in the Heat Wave Drum & Bugle Corps will be engaging in activities that involve risk of serious injury, including permanent disability or death, which might result not only from the participant's action, inaction or negligence but also the action, inaction or negligence of others and/or the condition of any premises (including but not limited to football fields), risks created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including but not limited to walking and/or driving or being driven to and from rehearsals and other activities, and furthermore, that there may be other unknown risks that are not reasonably foreseeable at this time.

Accordingly, I acknowledge, fully understand and agree that I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, covenant to indemnify and not to sue The Heat Wave Drum & Bugle Corps, its instructors, managers, employees and associated personnel, officers, directors, agents, members, volunteers and representatives from any and all liability to the undersigned, his/her heirs and next of kin, against any and all claims by or on behalf of the participant as a result of the participant's participation in The Heat Wave Drum & Bugle Corps.

In an event of participant's illness, I hereby authorize any of the directors, officers, managers, instructors or chaperones of The Heat Wave Drum & Bugle Corps who are present to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the participant in the reasonable judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I agree to be financially responsible for the cost of such assistance and/or treatment. I recognize and agree that the directors, officers, managers, instructors or chaperones of The Heat Wave Drum & Bugle Corps consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner without the express written consent of the Director of The Heat Wave Drum & Bugle Corps and that any unauthorized alteration will cause the participant to be removed from The Heat Wave Drum & Bugle Corps.

**NOTICE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE MEMBER MAY PARTICIPATE IN THE HEAT WAVE OF FLORIDA DRUM & BUGLE CORPS. TREATMENT FOR INJURY WILL BE BASED UPON INFORMATION PROVIDED HEREIN. IF MEMBER IS UNDER 18 A PARENT OR GUARDIAN MUST SIGN FORM.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_



# Heat Wave Drum & Bugle Corps Camp Permission Form



(for 17 and under)

Date: \_\_\_\_\_

I, \_\_\_\_\_, have given permission to my child to travel and stay overnight to attend a Heat Wave Drum & Bugle Corps rehearsal/camp. I understand that they will be attending for the purpose of music, colorguard, or marching instruction. In case of emergency, I can be reached at the following number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Participant Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_