



Lion Richard A. Herfort MD 20 Youth Band Official Application Form

Instructions: Lions Club should complete authorization below (*) before giving application to student or School Band Director. Student fills out application using printed C A P I T A L letters. Complete all applicable areas. Mail application to: William Gaillard, Lions Youth Band Director, 662 Wilson Hill Rd, Hoosick Falls, N.Y. 12090.**

Name _____ Instrument _____
Address _____ Zip _____ Phone () _____ - _____
School _____ Grade _____ Age _____ Sex _____ Email _____
Recent NYSSMA solo grade _____ Other Evaluation (Bermuda) _____
Musical Experience: (check all that apply)
MD-20 Band _____ All County _____ Area All State _____ All State _____ Other _____
Community Band _____ Community Orchestra _____ Jazz and _____ Piano Background _____
For Baritone Horn: (check one) Bass clef _____ Treble Clef _____
For Percussion: Your "specialty" - SD _____ BD _____ Timpani _____ Mallets _____
For Flutists: Do you play and can you bring a piccolo: Play: Yes _____ No _____ / Bring: Yes _____ No _____
Will you abide by the guidelines of the band committee Yes _____ No _____
Polo Shirt size - Please circle your size: S M L XL

School Band Director's comments: _____

School Band Dir. Name _____ Phone () _____

I understand that all expenses (\$5.00 application fee, \$225 participation fee) and transportation to the convention are the responsibility of the sponsoring Lions Club indicated below:

Parent Signature _____

Name printed _____

(**) Sponsoring Lions Club _____ District 20 _____

Contact person _____ Phone () _____

E-mail contact _____

LIONS CLUBS OF NEW YORK STATE & BERMUDA, INC
MEDICAL AUTHORIZATION RELEASE

YOUTH BAND MEMBER NAME _____

HOME ADDRESS: STREET _____

CITY/TOWN/ZIP _____

HOME PHONE ____ - ____ - _____

YOUTH BAND MEMBER SOCIAL SECURITY NUMBER ____ - ____ - _____

AUTHORIZATION & RELEASE

In case of emergency, officials of the Lions Clubs of New York State & Bemuda, Inc. are hereby authorized to arrange for medical or dental treatment for the above-named youth band member. This authorization includes transportation to the emergency room, first aid treatment and other action deemed necessary by the official, medical staff or dentist. I understand that the Lions Clubs of New York State & Bermuda, Inc. cannot assume responsibility for the payment of medical fees or expenses incurred. I hold the Lions Clubs of New York State & Bermuda, Inc. harmless of any claim for damages.

_____, 20____
Date

Signature of Parent or Guardian

IN CASE OFF EMERGENCY, I CAN BE REACHED AT THE FOLLOWING NUMBER(S):

OR CALL _____ AT _____ OR _____
NAME PHONE NUMBERS

FAMILY PHYSICIAN & PHONE NUMBER: _____

INSURANCE COMPANY(S) & POLICY NUMBER(S) _____

EMPLOYER & PHONE NUMBER(S) _____

Allergies or Special Medical Condition(s): (i.e. diabetes, asthma etc) _____

A copy of the last school physical must be attached to this application.

Currently on medication: YES____ NO____ If yes, what? _____

Is immunization Record (Shots Record) Current? YES____ NO____

Return: (1) this completed form, (2) a copy of the student's last school physical report, and (3) the completed application to:
Lion Bill Gaillard, 662 Wilson Hill Rd, Hoosick Falls, NY 12090. **If this form, the physical report, and application are not all forwarded, the child will not be allowed to participate.**