

Night Fire Drum Line



Membership To Do Checklist:

- Turn in completed Membership Form
- Turn in Health and Medical Form
- Turn in Dues Contract
- Turn in completed Insurance Form
- Turn in Clothing Order Form

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Membership Form Winter 2009-2010

Last Name: _____ First Name: _____ MI : _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Date of Birth: ____/____/____ Email Address: _____

School Attending: _____

Father's Name: _____ Email: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Occupation: _____ Work: (_____) _____

Mother's Name: _____ Email: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Occupation: _____ Work: (_____) _____

How did you hear about Night Fire?

Previous Experience: _____

Shoe Size (for ordering): _____

Continue on next page:

Please complete the following information if you are willing to assist with carpooling. Drivers must be 21 years of age or older.

Name of Driver: _____ Drivers License # _____

Make, Model & Year of Vehicle: _____

Insurance Company: _____

Coverage (liability, collision & personal injury): _____

**Night Fire Drum Line
Health and Medical**

To be completed by parent or legal guardian.

Name: _____ Date of Birth: _____ Sex: _____

Parent/Guardian: _____ Cell: (_____) _____

Home Phone: (_____) _____ Workplace: _____ Phone: (_____) _____

If the person above cannot be contacted in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____

Medical Information

Have you ever, or do you have:

Yes/No

___ Arthritis

___ Asthma

___ Back Problems

___ Blood Disease

Yes/No

___ Breathing Disorder

___ Carpal Tunnel Syndrome

___ Diabetes

___ Epilepsy

Yes/No

___ Glasses/Contact

___ Heart Conditions

___ Migraines

___ Knee or Ankle

Problems

Any other medical conditions that may hamper your participation:

Do you have any allergies to foods, medications, or insect bites? If so please list them here:

Immunizations:

Tetanus: _____ Polio: _____ MMR: _____ Diphtheria: _____ Pertussis: _____

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections of medication, or any other necessary care for my son or daughter.

Date: _____

Signature of Parent or Guardian (if under 18)

Date: _____

Signature of Registered Member (if over 18)

Physician: _____ Medical Facility/City: _____

Insurance Company: _____ Policy #: _____

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Dues Contract for _____

The following contract indicates how the financial obligations of participating in Night Fire Drum Line will be met. There are a couple of ways in which to meet the financial requirements. Please select the best option for your participation and sign below.

Option 1: _____ We will pay the entire total of \$125.00 in **1 payment** by October 27, 2009.

Option 2: _____ We will pay a total of \$150.00 in **2 installments** of \$75.00 on October 27, 2009 and December 1, 2009.

Option 3: _____ We will pay a total of \$175.00 in **3 installments of** \$60.00 on October 27, 2009, \$60.00 on December 1, 2009, and \$55.00 on January 12, 2010.

Option 4: _____ Arrangements have been made with the President, FMDBCA (Initialed: _____).

By signing below, you agree that you are obligated to meet the financial requirements of participating in Night Fire Drum Line. You are aware that if you/or your child discontinues participation in Night Fire, you are not entitled to a refund. You also agree to abide by the payment agreement indicated above and will speak with the President, FMDBCA if unable to meet the terms of this contract.

Signature of Member/or Parent if under 18: _____

Date: _____