

Karns High School Band
2710 Byington Solway Road
Knoxville, TN 37931
865-539-8670 ext. 5 Band Office
865-539-8679 Fax



Karns High School Band
2018-2019 Permission/Emergency Information Form

Student's Name _____
Date of Birth _____ Graduation Year _____
Concert Instrument _____ Marching Instrument _____
Where did you attend middle school? _____
Shirt Size (S-3X) _____
2018-2019 School Year Ensembles Check all that apply.
___ Marching Band ___ Winter Guard
___ Fall Guard ___ Indoor Percussion
___ Symphonic Band ___ Music Theory
___ Percussion Ensemble ___ Jazz Band / Instrumental Performance Class
Home Phone _____
Parent Preferred Email _____
Mother Cell Phone _____ Father Cell Phone _____
Mailing Address _____
City _____ Zip _____
Mother's Employer _____ Phone # _____
Father's Employer _____ Phone # _____
Family Physician _____ Office # _____
Medical Conditions _____
Medications _____

_____ has my permission to participate in all activities sponsored and sanctioned by the Karns High School Band, Karns High School, and Knox County Schools. I understand that my child must abide by all rules, regulations, and policies set forth by Karns High School Band, Karns High School, and Knox County Schools, and that all infractions of the above will be dealt with according to stated policies. Should my child's behavior jeopardize the health, safety, and/or welfare of the band, I understand that he/she will be sent home immediately. I accept full responsibility for all cost associated with my child's misbehavior and subsequent damage to property and personal injury. I understand that any fees paid for membership in the band program will be forfeited in the even that my child can no longer participate for any reason.

In case of illness or injury, I give the band director and assistant band directors the authority to act on my behalf in seeking medical attention for my child. I will accept the financial responsibility for all medical treatment and associated costs. I will not hold the directors, any staff members, chaperones, Karns Band, or Karns High School responsible for any costs associated with the treatment of my child. By signing, I acknowledge I have read and understand the rules/policies stated by the Karns High School Band Handbook.

Parent Signature _____ Date _____

Notary Seal _____ Date _____

This form must be notarized. Please attach a photocopy of a family insurance card. Thank you.