

Karns High School Fightin' Beaver Band

2710 Byington Solway Road
Knoxville, TN 37931
865-539-8670 ext. 73726



Karns High School Band 2023-2024 Permission/Emergency Information Form

Student's Name _____
Date of Birth _____ Graduation Year _____
Marching Instrument _____ Concert Instrument _____
Shirt Size (Adult XS-5XL) _____

Courses/Ensembles (Check all that apply):

<input type="checkbox"/> Marching Band	<input type="checkbox"/> Winter Guard
<input type="checkbox"/> Fall Guard	<input type="checkbox"/> Indoor Percussion
<input type="checkbox"/> Symphonic/Concert Band	<input type="checkbox"/> AP Music Theory
<input type="checkbox"/> Percussion Ensemble	<input type="checkbox"/> Music Theory
<input type="checkbox"/> Majorette	<input type="checkbox"/> Jazz Band

Parent/Guardian Preferred Email(s) _____

Parent/Guardian 1 Cell Phone _____

Parent/Guardian 2 Cell Phone _____

Mailing Address _____

City _____ Zip _____

Parent/Guardian 1 Employer _____ Phone # _____

Parent/Guardian 2 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 the 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 costs 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 event that my child can no longer participate for any reason.

In case of illness or injury, I give the 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, Karns High School or Knox County Schools 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/Guardian Signature _____ Date _____