

# Spirit of South Paulding

## -Handbook Agreement and Medical Release Form-

\_\_\_\_\_  
Student Name – Please Print

We have read and do understand the rules, schedules, and regulations for the SOUTH PAULDING HIGH SCHOOL MARCHING AND CONCERT BANDS for \_\_\_\_\_ school year and by our signatures do agree that the student signed below will abide by all rules and meet all performance requirements **as stated** or **forfeit membership** in this organization.

This also grants permission to travel to and from all performances and activities with the band for the \_\_\_\_\_ school year. As parent/guardian, I authorize for emergency medical attention in case of an accident or sudden illness.

I hereby release and discharge the Paulding County Board of Education, the school district and their agents and employees from any liability to the member resulting from or arising out of any injury or damage, which may be sustained by the student while participating in the activity or transportation in connection therewith.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Social Security Number (Required)

\_\_\_\_\_  
Home Phone/Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Student Insurance Co./ Policy Number

\_\_\_\_\_  
Home Address

\*\*Please list any health, medical, or allergy problems we need to be aware of, including any medications.