

MEMBERSHIP APPLICATION

Please Print Clearly



Last Name: _____ First Name: _____

Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Cell phone: _____ Home phone: _____ Recruited by: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Lancers Alumnus? Y N If so, year(s) marched _____ Section _____

Horn Line Type Horn _____ Mfg: _____ Serial #: _____

Corps Property Personal Property

Drum Line Section: _____ Mfg: _____ Serial # _____

Honor Guard Drum Major Silk Line Banner Carrier Other _____

Uniform Jacket # _____ Uniform Pants # _____ Shako/Hat # _____

My signature below indemnifies the Lancers (Alumni) Drum & Bugle Corps, its members, management and staff from liability or claim resulting from injury, illness or death associated with my or my child's / ward's participation with the Corps at any time or place. This includes rehearsals, performances and all other activities of the Corps, as well as travel to or from such activities or events. This indemnification also applies to all owners/lessees of any property where such activities or events occur. I further agree to take proper care of any Corps property assigned to me and to return all such property in good condition immediately upon terminating membership for any reason.

I also grant non-revocable permission to capture my image and likeness in photographs, video recordings, motion pictures, or any other media (collectively "Images"). I waive any right to inspect or approve the use of such images by the Lancers arising out of the use of the Images in any manner or media whatsoever. Minors (members under age 18) must have a parent or legal guardian co-sign below.

My initials here indicate that I do not want my contact information shared with other corps members.

Applicant signature _____ Date _____

Parent or Guardian signature _____ Date _____

Parent or Guardian's printed name _____

Lancers Alumni Drum & Bugle Corps ~ Medical Information / Release Form

PLEASE PRINT NEATLY AND CLEARLY!

Last Name _____ First Name _____

Physician's Name _____ Phone (____) _____

Medical Insurance Company: _____ Policy #: _____

Group # _____ Policy Holder's Name _____

Emergency Notification Information – Name, Relationship and Phone Number

1. _____ (____) _____

2. _____ (____) _____

Allergies, including allergies to any medications: _____

Current Medications (Name/dosage/condition being treated: (Use a separate sheet if more room is needed)

I hereby authorize the personnel designated by the Lancers Alumni Drum & Bugle Corps, in case of emergency, to summon emergency transportation or escort me (or my child) to any hospital, urgent care facility or physician's office in order to secure proper treatment including injections, anesthesia or surgery as needed. I agree to be financially responsible for the cost of all medical service sought.

NOTE: TREATMENT WILL BE BASED UPON INFORMATION PROVIDED HEREIN.

IF A MEMBER IS UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN THIS FORM.

I HEREBY RECOGNIZE AND VERIFY THAT ALL ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT I HAVE NOT INTENTIONALLY WITHHELD OR OMITTED ANY INFORMATION.

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

REFUSAL: I hereby elect not to divulge personal health or medical information.

Signature _____ Date _____