

# NTMS Band Verification Form

By signing this form, the scholar and their parents have read, understand, and will adhere to the contents within the 2019-2020 NTMS Band Handbook. Furthermore, the information provided on this sheet will give the directors information related to program travel, medical needs, and media permissions. Please ensure this information is clear and updated.

## Contact Information

Scholar Name: \_\_\_\_\_ Shirt Size - \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent Email addresses:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Phone numbers: Please specify WHO the number belongs to.

Parent/Guardian 1) \_\_\_\_\_ 2) \_\_\_\_\_

Scholar \_\_\_\_\_

Work \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

Relation: \_\_\_\_\_

## Media Release Permission

By checking the appropriate box, please indicate whether you'd like your child's photo, work, or a video of your child and their work to be used on school websites, school/program social media, or other educational outlets on the internet.

- Yes, I grant permission
- No, I do not grant permission

## Medical Information

Please provide medical needs, medications, and/or conditions that are needed for group travel. This may include allergies, inhalers, creams, and medical accommodations. This information must also be given to the school nurse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURES:

Parent: \_\_\_\_\_ Date \_\_\_\_\_

Scholar: \_\_\_\_\_ Date \_\_\_\_\_