



SEATTLE CASCADES DRUM CORPS

13717 Linden Ave North, Suite 201
Seattle, WA 98133

corpsdirector@seattlecascades.org

www.seattlecascades.org

REGISTRATION FORM

MEMBER INFORMATION

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

GENDER: M F

CORPS INFORMATION

Are you a Cascades veteran? YES NO If yes, which year(s) did you march? _____

Please circle your section of participation/interest: **Brass Percussion Color Guard DM/Conductor**

Corps Instrument of choice:

MARCHING HISTORY

Briefly describe your marching band/drum corps experience:

Have you marched with any other corps? YES NO

If yes, which corps? When?

Are you currently enrolled in any other corps or winter guard? YES NO

If yes, which group(s)?

Do you plan to participate in winter guard this year? YES NO

If yes to either of the two questions above, will this activity interfere with your ability to attend Cascades camps? YES NO

If yes, to what extent and in what way will it interfere?

Do you owe money to any other corps or winter guard? YES NO

Camp attendance is mandatory. If you have a conflict, you must contact your Caption Head to be excused.

Do you have a conflict with any of the following dates?

DEC 15-17 JAN 12-14 FEB 16-18 APR 13-15 MAY 4-6 MAY 25-28

PARENT INFORMATION

PARENT #1

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

PARENT #2

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

Are either/both of your parents interested in volunteering with the Cascades? YES NO

In what areas would they be willing to help:

SEWING [] FOOD PREPARATION [] DRIVER []

CARPENTRY [] PLUMBING [] ELECTRICAL []

FUND RAISING [] CHAPERONE [] OTHER []

COMMENTS/OTHER INFORMATION:

Are your parents willing to go on tour? YES NO

If yes, how long: 1 WEEK 2 WEEKS 3 WEEKS 4 WEEKS ALL TOUR

EMERGENCY CONTACT (if different from parents)

CONTACT #1

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____

CONTACT #2

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____



PARTICIPATION FORM

Consent to Participate, Release, Waiver of Liability and Indemnity Agreement

I personally (if over 18) or on behalf of my child give permission for _____ (the "Participant") to attend and participate in the Seattle Cascades Drum Corps (the "Corps") camps and summer during the 2018 season which, for purposes of this release, ends on September 1, 2018. Throughout this consent, the signee(s) whether as an individual or collectively are referred to as "we" or otherwise in the plural for ease of reference. In consideration of the Participant's acceptance of the undersigned member in the Corps, we, the undersigned, with the intent to be legally bound, do for ourselves, our heirs, executors, administrators and all others claiming by or through us, or as a result of any claim related to the Participant's participation in the Corps' activities or programs, do hereby state that we consent to the Participant's participation in any and all activities that occur as part of the Corps camps. We are aware of all risks, hazards, and uncertainties connected with participation in the programs and activities of the Corps.

We hereby waive, release, and discharge the Corps and all of its officers, directors, officials, instructors, employees, volunteers, and any other individuals acting for or on behalf of the Corps, from any and all claims while participating in, traveling to or from, or competing in any of the activities or functions of the Corps or those it attends. It is our specific intent to release, acquit, and forever discharge the Corps, all of its officers, directors, officials, instructors, employees, volunteers, and any other individuals acting for or on behalf of the corps from all claims, demands, actions, causes of action and from all liability for injury, damage or loss of whatsoever kind, nature or description that may arise or be sustained by the participant which is due or in any way connected with the Participant's participation in the Corps or any of its functions or activities. It is further our specific intent that this release apply to any injury, damage, or claim arising from any act or omission of the Corps or any of the individuals released hereby including any injury, damage, or claim arising from any negligent act or negligent omission of such organization or individuals.

The Participant and the undersigned hereby assume full responsibility for all risk of bodily injury, death, or property damage due to the negligence or other conduct of those parties released hereby or otherwise, as a result of any activities connected in any way with the Corps. The undersigned, as or on behalf of the Participant, and for themselves and all of their heirs, executors and administrators and all others do hereby further agree not to sue the Corps or any of the individuals released hereby in the event of any injury or damage of any kind or description whatsoever. This includes any claim, demand, or suit by the minor Participant either before he or she reaches the age of majority or thereafter. The undersigned further agree to indemnify and hold the Corps, and all of those individuals released hereby, completely and absolutely harmless from all expenses, demands, claims, fees and costs of whatever description or nature which may arise as the result of any such claims being instituted any time. This is to include all costs, fees, and expenses involved in defending or investigating any and all claims, demands, or causes of action whatsoever that may hereafter be asserted or brought by the participant or anyone on his or her behalf for the purpose of enforcing any claim for damages sustained during participation in any of the activities of the Corps.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if student is under age 18)

Picture/Video Authorization:

During the course of your child's participation in Corps activities, we will be taking pictures and/or videos for the purpose of promotional videos and marketing materials on behalf of Seattle Cascades Drum Corps. We would like your permission to include you or your child. If you as the Participant are over 18, please fill out the Participant release below. If the Participant is under 18, please fill out the Parent release below.

Participant Release

I, _____ give my permission to release any pictures or videos taken of the myself by the Cascades Drum Corps to be included in any announcements, advertisements, marketing materials, social media posts, blogs and documents produced and/or released by the Seattle Cascades Drum Corps for any purpose whatsoever.

Student Signature: _____ Date: _____

Parent Release

I, _____, the lawful parent or guardian of _____, give my permission to release any pictures or videos taken of the above mentioned child, by the Seattle Cascades Drum Corps to be included in any announcements, advertisements, marketing materials, social media posts, blogs and documents produced and/or release by the Seattle Cascades Drum Corps for any purpose whatsoever.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(if student is under age 18)



Pre-Participation Medical Statement

Student or Parent Completes

NAME: _____ BIRTHDATE: ____/____/____

ADDRESS: _____ PHONE: (____) _____

SECTION: _____

Member and Parent/Guardian: Please review all questions and answer them to the best of your ability. Explain any YES answers on the next page.

YES NO DON'T KNOW

_____ #1 – Has anyone in the applicants family died suddenly before the age of 50 years?

_____ #2 – Has the applicant ever passed out during exercise or stopped exercising because of dizziness or chest pain?

_____ #3 – Does the applicant have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?

_____ #4 – Is the applicant allergic to any medication or bee stings?

_____ #5 – Has the applicant ever broken a bone, had to wear a cast, or had an injury to any joint?

_____ #6 – Has the applicant ever had a head injury or concussion?

_____ #7 – Has the applicant ever had a hit or blow to the head that caused confusion, memory problem, or prolonged headache?

_____ #8 – Has the applicant ever suffered a heat-related illness (heat stoke)?

_____ #9 – Does the applicant have a chronic illness or see a physician regularly for any particular problem?

_____ #10 – Does the applicant take any prescribed medicine, herbs or nutritional supplements?

- _____ #11 – Does the applicant have only one of any paired organs (eyes, kidneys, testicles, ovaries, etc.)?
- _____ #12 – Has the applicant ever had prior limitation from sports participation?
- _____ #13 – Has the applicant had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easy?
- _____ #14 - Has the applicant ever been diagnosed with a heart murmur or heart condition or hypertension?
- _____ #15 – Is there any history of young people in the applicant’s family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan Syndrome? (You may write “I don’t understand these terms” and initial this item, if appropriate.)
- _____ #16 – Has the applicant ever been hospitalized overnight or had surgery?
- _____ #17 – Does the applicant have diagnosed ADHD, Bi-polar Depression, Depression or tendencies to self-harm?
- _____ #18 – Has the applicant ever had a joint injury that required a splint, brace or wrap to be administered?
- _____ #19 – Does the applicant have any diet limitations (gluten free, vegetarian, etc.)?
- _____ #20 – Does the applicant have any skin diseases or disorders?
- _____ #21 – Females only: Do you have any issues with you menstrual cycle?

Parent/Guardian Statement:

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered athletic trainer, coach, or medical practitioner.

I understand that this pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to the Seattle Cascades Drum Corps.

Signed _____ Date ____/____/____

