

MEMBER INFORMATION FORM
2012 Season

Please fill out completely

Unit of Choice: <input type="checkbox"/> MEDEA (IO) <input type="checkbox"/> INFINITY (PIW) <input type="checkbox"/> STRYKE (PIO) <input type="checkbox"/> AQUARIUS (PIA) <small>(Check one)</small>	
Full Name	
Address	
City / State / Zip	
Date of Birth	
Home Telephone Number	
Cellular Number	
Work Telephone Number	
Email Address <i>(one that WORKS!)</i>	
Social Security Number	
Drivers License Number	<i>(Please attach copy)</i>
Auto Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle Model / Type:	Name of Insurance Company: Policy Holder Name / Policy Number: <i>(Please attach copy)</i>
Health Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Insurance Company: Policy Holder Name / Policy Number: <i>(Please attach copy)</i>
Allergies / Illnesses, Physical limitations / Conditions <i>(List all regular medication requirements)</i>	
Food Allergies / Preferences	
Current School / Grade Level	
EMERGENCY CONTACT INFORMATION	
Name:	Home Phone: Work Phone: Cellular Phone:
Relationship:	
Parent / Guardian Address:	Mother: Phone Number: Place of Employment: EMAIL Contact:
	Father: Phone Number: Place of Employment: EMAIL Contact:
Is parent / guardian support available? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how much parent / guardian support is available? Are your parent(s) / guardian(s) available to chaperone? Yes <input type="checkbox"/> No <input type="checkbox"/>



PAGEANTRY ARTS CONCEPTS, INC.
Release of Liability Affidavit & Indemnity

READ CAREFULLY BEFORE SIGNING

Member / Parent or Guardian of Minors:

I am/We are aware that playing or practicing to play or participate in any activities (further known as an "Activity") can be dangerous involving or can invoke many risks of injury. I/We understand that the dangers and risks of playing or practicing to participate in any Activity with this organization can include, but are not limited to, death, serious neck and spinal injuries, and other serious injuries or impairment to other aspects of my/our body, general health and well being. I/We recognize the importance of following the directions regarding playing techniques, training and other team rules, etc., and do agree to obey such instructions.

In consideration of the acceptance of my/our participation or the participation of our family or group listed below in an Activity with this organization, I agree on behalf, and on the behalf of my family or group listed below, and on behalf of their heirs, estate, assignees, administrators and executors, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages (including bodily injury, death or property damage) costs or expenses of any nature arising out of or in any way connected with my participation or the participation of our family or group listed below in such Activity with this organization, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to, all attorney's fees and disbursements. The released parties are Pageantry Arts Concepts, Inc. and its related and affiliated companies and/or entities (to include: any and all State of Florida School Districts, any affiliated host sponsoring school and/or facility whether public and/or private, MEDEA Winter Guard, INFINITY Percussion Ensemble, STRYKE Percussion Ensemble, AQUARIUS Percussion Ensemble), including without limitation, a not-for-profit company Florida Corporation and the officers, directors, agents, representatives, agent representatives, staff, coaches, employees, volunteers, successors and assigns of each of the foregoing entities. I/We understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage whether suffered by myself or anyone in my family or group listed below, before, during or after participation. I/We further authorize medical treatment for myself and the members of my family or group listed below, **at my cost**, if the need arises.

As additional consideration of the acceptance of my/our participation or the participation of my family or group listed below in an Activity with this organization, I/we further grant the released parties the right to photograph or video tape me and the members of my family or group listed below, in connection with the Activity or otherwise, and further to use our names, faces, likeness, voices and appearance in connections with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

This agreement shall be governed by the laws of the State of Florida and any legal actions relating to or arising out of this agreement shall be commenced exclusively in the State of Florida (if "occurrence" County Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said "occurrence" county and having subject matter jurisdiction), on my own behalf, and on the behalf of my family or group listed below, waive their and my right to trial by jury. I certify I am 18 years of age or older and/or that I am the parent or legal guardian of the minor listed below.

If any part of this release and indemnity agreement is declared unenforceable by court of law, such declaration shall not affect the remainder. Adults (only an adult in the family or group 18 years or older may/must/can execute this agreement).

Name of Member (*Printed*)

Name of Parent/Guardian (*Printed*)
(member under the age of 18)

Member (*Signature*)

Parent/Guardian (*Signature*)
(member under the age of 18)

_____, 2011
Date

_____, 2011
Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2011.

_____: Personally known _____ Provided Identification _____
Notary Public, State of Florida at Large

My Commission Expires: _____ Seal



PAGEANTRY ARTS CONCEPTS, INC.
Medical Consent Form

The patient and others whose signatures are attached below do hereby consent to any and all medical and/or surgical treatment including anesthesia and any operations which may be advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. I/We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient be discharged. I/We further authorize medical treatment for myself and the members of my family or group listed below, **at my cost**, if the need arises.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below:

Name of Member (*Printed*)

Member (*Signature*)

_____, 2011
Date

Name of Parent/Guardian (*Printed*) (*member under the age of 18*)

Parent/Guardian (*Signature*) (*member under the age of 18*)

_____, 2011
Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2011.

_____: Personally known _____ Provided Identification _____
Notary Public, State of Florida at Large

My Commission Expires: _____ Seal