# WAKEFIELD MIDDLE SCHOOL WINTER GUARD

# 2015-2016 MEMBERSHIP AGREEMENT DOCUMENT

Each member and their legal guardian must sign the following contract. By signing you are stating that you have read and understand the rules of participation. Please read thoroughly, any questions should be addressed to Ms. Proctor. Please **print legibly**.

## Member Information

Last Name: First: Middle Initial:

Home Address:

City: Zip: Home Phone: -

Student’s Email Address:

Date of Birth (MM/DD/YY) / /

**Parent/Guardian Information**

Father’s Name: Email:

Mother’s Name: Email:

### IF PARENTS DO NOT LIVE TOGETHER, PLEASE PROVIDE BOTH SETS OF INFORMATION

Mom/Dad/Both Address (circle one):

City: Zip: Home Phone: -

Mom/Dad/Both Address (circle one):

City: Zip: Home Phone: -

Father’s Work Phone: ( ) - Father’s Cell Phone: ( ) ­ -

Mother’s Work Phone: ( ) - Mother’s Cell Phone: ( ) ­ -

**Emergency Contact** (if parents not reachable)

Name:

Home Phone: ( ) - Work Phone: ( ) - Cell Phone ( ) -

**In order to march with the Wakefield HS Middle School Guard, members are required to adhere to all of the organizations policies and procedures. Please read thoroughly and have the student and parent/guardian initial on the line next to each statement stating that you understand each item.**­

\_\_\_\_\_\_\_\_ I understand that attendance is an important part of the membership requirement. I understand that each rehearsal and performance is mandatory. I have a copy of the rehearsal and performance schedule and will do my best to eliminate any conflicts. I will notify Ms. Proctor at least 48 hours prior to any scheduling conflict ([sproctor@wcpss.net](mailto:sproctor@wcpss.net)). If an emergency should cause me to be absent, my parents will notify Ms. Proctor immediately. I understand that I can be dropped from the roster for unexcused or excessive absences.

I understand that my selection into the organization is also based on my professional behavior.

This specifically means my positive approach and attitude towards others. I understand that cursing and vulgar language is not accepted at any time during my membership in the Wakefield HS/Middle School Winter Guard. I understand that I may be expelled from the Wakefield HS/Middle School Winter Guard with no refund should I break this policy.

I understand that smoking, drugs and alcohol are not accepted at any time during my membership

in the Wakefield HS/Middle School Winter Guard. I understand that I will be expelled from the Wakefield HS/Middle School Winter Guard with no refund should I break this policy.

I understand that I am “borrowing” equipment and that I must treat it with the utmost respect.

Any damages incurred will be at my expense.

I understand that I must submit a WCPSS medical/field trip form in order to participate in

Wakefield HS/Middle School Winter Guard activities.

\_\_\_\_\_\_\_\_\_ I understand that if I break the law during my membership with the Wakefield HS/Middle School Winter Guard, I will be dropped from membership with no refund.

I understand that I must earn or pay in a total of $175 by February 10th, 2016. I also understand that I must be current and must stay current with the published fair share payment schedule. Failure to meet these requirements could result in my being dropped from further activities for the remainder of the season or until I become current. I further understand that because often time’s funds have to be spent prior to receiving my fair share monies, no refunds can be made should I elect to terminate my membership.

\_\_\_\_\_\_\_\_ I understand that as a member of Wakefield HS/Middle School Winter Guard I must have one family member assist with events throughout the Winter Season (Winterblast, Miniblast, Competitions, etc.)

I agree to follow all rules and regulations listed above as they pertain to my participation with the 2015-2016 Wakefield HS/Middle School Winter Guard Program. This Agreement Document must be **NOTARIZED AND RETURNED BY NOVEMBER 30th.**

Member Name:

Member Signature: Date:

Parent Name:

Parent Signature: Date:

SUBSCRIBED and SWORN TO before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_