

Ventures

winter colour guard

Member information 20____-20____

Member information

Last Name : _____ First: _____ Middle: _____

Address: _____ City: _____ Postal code: _____

Telephone: _____ Member cell/pager number: _____

Member email address: _____

Birthdate: _____ Age: _____
(mm-dd-yyyy) (as of October 1 of this year)

Country of birth: _____ Are you a Canadian citizen? Yes No

School: _____ Grade: _____

Previous dance or guard experience: _____

Parent/Guardian information

Mother

Name _____

Address _____

City/Postal _____

Phone _____

Employer _____

Work phone _____

Cell/Pager _____

Email _____

Check here if newsletters may be sent to this address

Step parent's name: _____

If divorced or separated, who has custodial rights? _____

Who should receive primary information? _____

Father (check here if address/phone is same)

Name _____

Address _____

City/Postal _____

Phone _____

Employer _____

Work phone _____

Cell/Pager _____

Email _____

Check here if newsletters may be sent to this address

Step parent's name: _____

Note: If a non-custodial parent has visitation rights, please discuss the time commitment of guard activities in advance.

I/We, the parents/guardians of _____, grant approval for our child to participate in all activities of the Ventures Winter Colour Guards.

I/We have been given information regarding requirements of our child and understand that rehearsal and guard functions are mandatory. Further, we agree that our child will be excused from guard activities only due to illness, school commitments or pre-approved special family functions. I/We agree to inform staff in advance, when possible, of such absences.

I/We have been informed of the fundraising projects as well as the costs of the yearly program and commit to paying them either through direct payment, credits or a combination of these before the activity ends in April of the upcoming/ current competitive season.

X _____
Parent's signature

X _____
Member's signature (if 18 or older)

Date (mm-dd-yyyy)