



Member Information 2021-2022

MEMBER INFORMATION – PLEASE PRINT

Legal Surname: _____ Legal First Name: _____

Preferred Surname: _____ Preferred First Name: _____

Legal Middle Name: _____ Gender: Male Female

Home Phone: _____ Unlisted Date of Birth (dd-mmm-yyyy): _____

Home Address: _____

 Number Street Apt #

 City / Town / Village / Municipality Province Postal Code

Mailing Address: Same as home address? Yes No If NO, please complete below

_____ Yes No If NO, please complete below
 Number Street City / Town / Village / Municipality Province Postal Code

Country of Birth: _____ Citizenship: _____

School: _____ Grade: _____

Previous dance or guard experience: _____

PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

Is there a legal document that sets out custody and access to the Member? No Yes

Custody

Both Parents Mother Only Father Only Joint Legal Guardian C.A.S/F&CS Other: _____

If joint custody checked, please indicate schedule: Weekly Bi-Weekly Monthly Other: _____

Provide alternate address for joint custody: _____

Living With

Both Parents Mother Only Father Only Legal Guardian C.A.S/F&CS Other: _____

Contact 1 (Contact information for self, if member is over 18 years)

Name: _____ Relationship: _____
 Last Name First Name

Please indicate the priority order

Home Number: _____

Business Number: _____

Cell Number: _____

Email: _____

Same as Student's Home Address Address below: _____

Check all applicable boxes

Has access to Member <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail / Email
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has access to Records
	<input type="checkbox"/> Lives with member	
Emergency / Attendance Contact Priority		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		

 Number Street City / Town / Village / Municipality Province Postal Code

Contact 2

Name: _____ Relationship: _____
Last Name First Name

Please indicate the priority order

Home Number: _____

Business Number: _____

Cell Number: _____

Email: _____

Same as Student's Home Address Address below:

Number Street City / Town / Village / Municipality Province Postal Code

Check all applicable boxes

Has access to Member <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail / Email
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has access to Records
	<input type="checkbox"/> Lives with member	
Emergency / Attendance Contact Priority		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		

Contact 3

Name: _____ Relationship: _____
Last Name First Name

Please indicate the priority order

Home Number: _____

Business Number: _____

Cell Number: _____

Email: _____

Same as Student's Home Address Address below:

Number Street City / Town / Village / Municipality Province Postal Code

Check all applicable boxes

Has access to Member <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail / Email
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has access to Records
	<input type="checkbox"/> Lives with member	
Emergency / Attendance Contact Priority		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		

I/We, the parents/guardians of _____, grant approval for our child to participate in all activities of Ventures Drum & Bugle Corps Inc (Ventures Winter Guard).

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.

 Parent/Guardian/member (over 18) Full Name

 Signature

 Date