All-South Marching Band
Response Form

Yes, I would like to perform with The Pride of Mississippi on Band Day
September 12, 2015

Name ____________________________________________

School __________________________________________

High School Graduation Date (year) ____________________

Address (home mailing) __________________________________________

City ___________________ State __________ Zip __________

Telephone __________________________ E-mail ___________________

Instrument: (Circle One)

Piccolo / Flute  Trombone – 1st Part  Bass Drum
Clarinet  Trombone – 2nd Part  Cymbals
Alto Saxophone  Trombone – 3rd Part  Guard - Flag
Tenor Saxophone  Baritone (treble clef)  Dancer
Horn / Mellophone  Baritone (bass clef)  Twirler
Trumpet – 1st Part  Sousaphone  Drum Major - Conducting
Trumpet – 2nd Part  Snare Drum  Drum Major – Mace
Trumpet – 3rd Part  Tenor Drum

Cost: $40.00 due at check-in (CASH, MONEY ORDER, or SCHOOL CHECK ONLY)
Money orders and school checks should be payable to:

Southern Miss Band/NBA
Cost includes ticket for game, noon meal and t-shirt

Mail this response and the Medical Information Form to:

University Bands
All-South Marching Band
118 College Drive # 5032
Hattiesburg, MS  39406

** Please check our website at www.usm.edu/band for updates and schedule
prior to this event **

(Over)
The University of Southern Mississippi - Medical Information Form

USM All-South Bands

Participant’s Name: ___________________________ Date of Birth: _______

Name of Parent(s)/Guardian(s)_________________________ Phone Number (___)_____

Address__________________________________________

In case of emergency please contact: _________________________________

Phone: __________________________ Relationship: ___________________

The Hattiesburg area local hospitals, and the Urgent Care Center, which provide medical services, are available should students need medical assistance. Payment for any and all medical services is the responsibility of the parent(s)/guardian(s).

Should emergency health care become necessary, insurance company and policy number are as follows:

Company: __________________________ Policy Number: __________

Medical facility should send complete insurance form to:

Address: ______________________________________________________

Family Physician: __________________ Phone Number: _________

Is participant taking any medication? Yes ___ No ___ If so, what? __________

Known allergies: _______________________________________________

Comments: ___________________________________________________

Individuals participating in activities sponsored by The University of Southern Mississippi and coordinated through University Bands must carry their own medical insurance policy. If an individual sustains an injury while participating in a university-sponsored activity, he/she must notify USM band staff immediately. Final approval or disapproval of an insurance claims rests with the parent(s)/guardian(s) insurance company. Payment of services not covered is the responsibility of the parent(s)/guardian(s).

I (We) have read and understand the above. In the event that my son/daughter is injured or becomes ill, I grant my permission in case of an emergency for USM camp personnel to seek medical assistance as may be deemed necessary under the existing circumstances. I also certify that he/she is physically fit for strenuous activity according to our family physician. I understand that individuals who participate in the band day activities are doing so at their own Risk. The University of Southern Mississippi is not responsible for any injury that may occur to individuals participating in any band day activities. Participating in any band day activity is on a voluntary basis.

SIGNATURE: __________________________________ DATE: ____________

PARENT or LEGAL GUARDIAN

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