

# Prop Help needed for the LOMB Dragon Marching Band

In our competition show this year, there are 15 tree props that we are looking for 15 students (high school preferred due to size, although larger/stronger middle school students would be acceptable) to help move onto and off the competition field as well as stand with during our performances to ensure that the props do not move. Students would be traveling by bus to and from our competitions (parents who are on prop crew may elect to drive their students to and from the competitions). We would need the students on the following days:

Saturday, September 22<sup>nd</sup> (Lake Orion Dragon Invitational @ LOHS)

Saturday, September 29<sup>th</sup> (Bowling Green Regional)

Saturday, October 13<sup>th</sup> (Livonia Franklin Invitational)

Saturday, October 20<sup>th</sup> (Clarkston Invitational)

Saturday, October 27<sup>th</sup> (Plymouth Canton Invitational)

Saturday, November 3<sup>rd</sup> (MCBA State Finals @ Ford Field)

The times for the competitions vary, but the students can expect to be with us for most of the day, usually starting at 9:00 AM and going until the end of the competition. There will be plenty of down time, so students are encouraged to bring homework or a book to read. The end times for the events are generally around 9:00-10:00 PM. Datelines will be provided early in the week of each competition to show the times for each competition day.

Students would be given community service hours for their help.

Students and parents must fill out an emergency treatment form required by the marching band for all our participants. Spirit Band members should already have this form filled out.

Students and their parents must fill out and sign the Ford Field waiver, required by MCBA.

If you are interested in helping, please fill out the following information and sign below:

Student Name: \_\_\_\_\_

Parent email address(es): \_\_\_\_\_

Student email address: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_

Please list any date conflicts below (if there are conflicts, we will need to find a replacement for that day):

# LAKE ORION HIGH SCHOOL BANDS

## 20182019 EMERGENCY TREATMENT INFORMATION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #1 Home Phone: ( ) \_\_\_\_\_

Parent #1 Cell: ( ) \_\_\_\_\_ Parent #1 Work: ( ) \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent #2 Home Phone: ( ) \_\_\_\_\_

Parent #2 Cell: ( ) \_\_\_\_\_ Parent #2 Work: ( ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Contract #: \_\_\_\_\_ Plan Code: \_\_\_\_\_ Coverage #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### **PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK SIDES**

If you do not have medical insurance, please contact the LOBB at [Records@lodragonbands.org](mailto:Records@lodragonbands.org) to obtain an insurance waiver form.

Emergency Contact Person (other than listed above): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact Person (other than listed above): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please indicate if your child has any of the following conditions. On the backside, note the action to take if aggravated:

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Heart Problems     | <input type="checkbox"/> Seizures   | <input type="checkbox"/> Asthma                     |
| <input type="checkbox"/> Bee Sting Allergy  | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Food/Airborn Allergy _____ |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Other _____                |

Date of last Tetanus immunization: \_\_\_\_\_

Medication your child is currently taking: \_\_\_\_\_

Recent serious illnesses: \_\_\_\_\_

REQUIRED: Student has been examined by a physician and deemed physically able to participate in LOMB: ☐ Yes ☐ No

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

My son/daughter can be given non-prescription medication if needed: ☐ Yes ☐ No

**DO NOT SEND THE PHYSICAL EXAMINATION PAPERWORK. SUCH FORMS RECEIVED WILL BE SHREDDED AS SENSITIVE DOCUMENTS. WE CAN NOT STORE THEM FOR YOUR LATER USE.**

#### Delegation of Parent/Guardian Consent:

While my child is in the care of the LOBands, I hereby give consent 1) to any medical care, diagnosis, surgical procedure and/or other treatment of any type or nature; 2) to any dental procedure; 3) for admission to any hospital or medical center; 4) to the use of any drugs, medication or therapeutic devices or other medicines or items related to the child's health; 5) to the power in general to take and authorize all acts with respect to my child's health and well-being, and to expend all amount in connection therewith the same as I could do.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

FORD FIELD

WAIVER OF LIABILITY

It is understood that participation in the Michigan Competing Band Competition (the "Event") November 3, 2018 (Date) has inherent dangers. In consideration for the opportunity of \_\_\_\_\_, a minor (the "Minor"), to participate in the Event, I (we) the undersigned parent(s) or guardian of the Minor, hereby expressly release and forever discharge, on behalf of the Minor, the undersigned and their family, heirs, assigns and personal representative, all participating groups and other persons, including Ford Field Management, LLC, Ford Field Condominium Association, Ford Field Management Company, Ford Field Enterprises, DLI Properties, LLC, DLI Properties, Inc., DLI Management, Inc., DLI Parking, LLC, DLI Office Realty, LLC, DLI Entertainment, LLC, DLI Parking Realty, LLC, The Detroit Lions, Inc., Detroit Lions Charities, Detroit Lions Properties, FFP Investment Company, LLC, S.A.F.E. Management, LLC, City of Detroit, Downtown Detroit Development Authority, Detroit/Wayne County Stadium Authority, Wayne County, and their respective officers, directors, board members, employees, councilpersons, contractors, and agents (collectively, the "Released Parties") from any and all claims, damages and costs arising from or related in any way to the Minor's participation in the Event and/or the Released Parties' negligence, including, without limitation, any bodily and personal injuries, however caused.

The undersigned understands that the Event is intended for all those in good physical health and that those with serious health conditions (such as heart problems, physical ailments, arthritis, etc.) are advised not to participate in the Event. By signing this Waiver of Liability ("Waiver"), the undersigned represents that the Minor has no serious health problems and that the Minor can safely participate in the Event. The undersigned further understands and agrees that the undersigned is responsible for supervising the Minor during the Minor's participation in the Event.

The undersigned agrees not to sue any of the Released Parties for any matter released under this Waiver and to pay the Released Parties' attorneys' fees and costs resulting from a breach of this Waiver by the undersigned. The undersigned further agrees that if anyone else, including the Minor, sues any of the Released Parties related to Minor's participation in the Event, the undersigned will indemnify and hold harmless the Released Parties against all damages, costs and their attorneys' fees.

The undersigned expressly agrees that this Waiver is intended to be as broad and inclusive as is permitted by law. If any portion is held invalid, the balance shall continue in full force and effect.

WITNESSED BY:

PARENT(S) OR GUARDIAN

\_\_\_\_\_  
(Adult)

DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_