

**All City Drum Corps  
 Membership Application  
 558-2467- Grant Wood  
 558-2174 Johnson School  
 Director Slayton Thompson 533-8046 /365-3092 H**

**Applicant Information**

HORN LINE \_\_\_ DRUM LINE \_\_\_\_\_ GUARD \_\_\_\_\_ POM \_\_\_ PIT \_\_\_ Driver \_\_\_  
 Peer Mentoring & Tutoring \_\_\_\_\_ Volunteers \_\_\_\_\_ Financial Resources \_\_\_\_\_  
 Transportation \_\_\_\_\_ Tour Guide \_\_\_\_\_

Today's Date:

Corps Member Name:

Date of birth:	Age:	Phone:
----------------	------	--------

Address:

City:	State:	ZIP Code:
-------	--------	-----------

**School Information**

School:	Room #
---------	--------

Teacher:	Grade:
----------	--------

**Parent/Guardian Information**

Parent/Guardian Name:	Parent/Guardian Name 2:
-----------------------	-------------------------

Address:

Address:

City:	State:	ZIP Code:
-------	--------	-----------

Home Phone:	Work Phone:	Cell number:
-------------	-------------	--------------

Home Phone#2	Work Phone #2	Cell number #2:
--------------	---------------	-----------------

**Physician Information**

Physician Name:

Current Medical Diagnosis:

Medication Name:	Dosage:	How long?
------------------	---------	-----------

Amount:	Physician Phone:	Time:
---------	------------------	-------

Hospital Preference:

**Any other medical/behavior problems that we need to be aware of:**

Medication Name:

Amount:	Dosage:	Time:
---------	---------	-------

Amount:

Amount:

<b>Religious Preference/Allergies</b>		
Religious Preference:	Medication Allergies:	
Food Allergies:		
<b>Emergency Information</b>		
Emergency Contact:	Emergency Contact # 2:	
Address:		
Address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell number:
Home Phone#2	Work Phone #2	Cell number #2:
<b>Drum use only</b> <i>(please do not fill out)</i>		
Position assigned in Corps Line:	# Assigned in Corps Line:	