



Syracuse Brigadiers ALUMNI Drum & Bugle Corps

MEDICAL INFORMATION

Please Print

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-mail address _____

Please include all the following information:

(Except for Medical Personnel, this information will not be provided to any other person or entity)

Existing Medical Conditions - Allergies - Current Medications

Primary Physician

Doctor _____ Phone _____

Insurance Information

Insurance Company _____
Policy # _____ Group # _____

Person to Contact in Case of Emergency

Name _____ Relationship _____ Phone _____

In the event of a medical emergency in which I am unable to provide the above information, I hereby grant permission to the Syracuse Brigadiers ALUMNI Drum & Bugle Corps to release this information in order that I may be treated.

_____ Yes, I grant permission. _____ No, I do not grant permission.

Member Signature (If over 18 years of age) _____ Date _____

Parent or Guardian (If under 18 years of age) _____ Date _____



SYRACUSE BRIGADIERS ALUMNI
DRUM & BUGLE CORPS

MEMBERSHIP APPLICATION

Please Print

Date: _____.

Name: _____ Date of Birth _____.

Address: _____.

City: _____ State: _____ Zip _____.

Home Phone: _____ Work Phone: _____.

Cell Phone: _____ E-mail address: _____.

In which section do you wish to participate? (i.e., horn, drums, banner)

_____.

List all drum corps instruments you play or equipment experience (i.e., contra-rifle-bass)

_____.

Prior drum corps experience (corps name-years marched-instrument)

_____.

Special skills or interests (computer skills-bingo experience-etc.)

_____.

Signature: _____ Date: _____.