



## Region/All-State Clinic Chaperone Contact Information

Please fill out and bring this form with you to registration at the Region/All-State Clinic. Failure to provide this information will result in your student(s) being denied the opportunity to participate in the clinic.

School \_\_\_\_\_

Number of Students in Attendance \_\_\_\_\_

Director \_\_\_\_\_

Director's Cell # \_\_\_\_\_

Administrator \_\_\_\_\_

24-hr Contact # \_\_\_\_\_

Head Chaperone \_\_\_\_\_

Head Chaperone's Cell# \_\_\_\_\_

Hotel Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

\_\_\_\_\_

The SCBDA expects the director and/or head chaperone to have all appropriate medical information for each student involved with this clinic. As stated in the SCBDA Handbook, "No band director may send to any SCBDA event any students who are not properly chaperoned". I understand that if I, as the band director, fail to provide appropriate supervision for my students during this clinic, I and my students may be subjected to disciplinary actions in accordance with the By Laws of SCBDA.

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_