

# Covington Drum Rockers

## Sign-Up sheet

*Practice time is 5:30 PM each Monday at the center.*

### Child's Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

Grade level this year: \_\_\_\_\_ teacher's Name: \_\_\_\_\_

### Parent/Guardian Information

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In case of Emergency, where can you be reached: Phone#: \_\_\_\_\_

Who is your family doctor: \_\_\_\_\_

If emergency occurs, we will take your child to St. Elizabeth Emergency Center on James Simpson Blvd. OASIS, Inc retains the right to take photographs of all rehearsal session to be used in brochures and other advertisements. If you oppose this, we need to have a written statement to that effect.

As parent, you will not hold OASIS, Inc accountable in the event of emergency situations that may take place outside of our facility, while your child is in transit to or from our events.

Parents are asked to attend at least two rehearsals per month and to participate in all fund raising events.

Offering Assistance, Subsistence, Information and Support, Inc.

1016 Greenup Street

Covington, KY 41011

(859) 655-9800