

# PPI 2017

## Pana Percussion Institute July 10-13 Registration Form

Name \_\_\_\_\_

Tee Shirt Size s m l xl xxl

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Large Ensemble (circle one)

Percussion Ens. World Perc. Marching Perc.

Focus Group (circle one)

Timpani Concert Perc. Mallets Drumset

Level of student Intermediate Advanced (circle one)

Application must include a non-refundable deposit (\$75.00). The deposit will be applied to the remainder of the \$250.00 tuition due at the PPI 2017 check-in.

Make check payable to Wadsworth Band Booster. 2017

Amount enclosed \$\_\_\_\_\_. Mail deposit and registration and medical release forms to:

PPI 2017, c/o Dana Hire, Wadsworth Band Booster

PO Box2 Wadsworth, OH. 44282

Registration forms due by July 1,2017

Any questions and concerns please contact:

Ryun E. Louie [ryunlou@yahoo.com](mailto:ryunlou@yahoo.com) 216-224-8646

**Pana Percussion Institute  
Emergency Medical Form**

Student's Name \_\_\_\_\_ Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Primary Medical Insurance Co. \_\_\_\_\_ Policy/Group Number \_\_\_\_\_ List Employer and indicate who is the insurance holder \_\_\_\_\_

With whom does the child reside?  Father  Mother  Both  Other (list names) \_\_\_\_\_

Who has custody of the child?  Father  Mother  Both  Other (list names) \_\_\_\_\_

**STUDENT'S SOCIAL SECURITY #** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Those designated below, other than parents, are authorized to pick up my child from school in an emergency (listed in order of preference):**

1. Person's Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone w/ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
2. Person's Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone w/ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Use back for others*

**MEDICAL INFORMATION**

List Student's known allergies and medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Medications being taken (dosage): \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_ Asthma Inhaler name: \_\_\_\_\_

Does student carry an EPI pen? \_\_\_\_\_ Does the student carry a glucose pen? \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (or closest): \_\_\_\_\_

**PARENTAL CONSENT:** In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATE OF OHIO  
COUNTY OF MEDINA**

Before me, a notary Public in and for the said County and State, personally, appeared \_\_\_\_\_ who acknowledged before me that he/she did sign the foregoing instrument and that the same in his free act and deed.

In testimony whereof, I have hereunto affixed my name and official seal at \_\_\_\_\_, Ohio \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
Notary Signature