CRYSTAL LAKE COMMUNITY BAND

REGISTRATION FORM

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER(S): HOME: CELL: WORK:

EMAIL:

Is this a new address, phone # or email from last year? ☐ Yes ☐ No

INSTRUMENT(S):

BIRTHDATE:

OCCUPATION/EMPLOYER:

IF STUDENT, WHICH SCHOOL?

If you are a new member, how did you hear about the CLCB?

CLASSIFICATION: Annual Adult ☐ Annual Family☐ Fall/Winter Only ☐
Winter/Spring Only ☐ Summer Only ☐ AMT PAID $

Would you like to make an additional tax deductible contribution to CLCB? Amount $

PROGRAM WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully, and be aware that in signing and participating in this program you will be expressly assuming the risk and legal liability and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with this program.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, as a result of participating in any and all activities connected with this program.

I do hereby fully release and forever discharge the Crystal Lake Community Band and their officials, directors, agents, volunteers and employees from any and all claims from injuries, damages or loss as a result of participating in any and all activities connected with this program.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release all claims.

SIGNATURE: **DATE:**

SIGNATURE PARENT/GUARDIAN: **DATE:**
(Required for members under age 18)

EMERGENCY INFORMATION

BAND MEMBER NAME:

SPECIAL INFORMATION (allergies, medical conditions, etc.):

EMERGENCY CONTACT NAME(S):

PHONE NUMBER:

Are you CPR certified? ☐ Yes ☐ No Do you have an AED certification? ☐ Yes ☐ No

MINOR CHILD EMERGENCY TREATMENT RELEASE

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child. I recognize that time is important during an emergency situation and I authorize medical treatment for my child, however, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contact above. In addition I agree that I will be responsible for payment for any and all medical services provided.

SIGNATURE PARENT/GUARDIAN: **DATE:**
(Required for members under age 18)

REGISTRATION INFORMATION

Effective 9/01/25

There is an annual registration fee required of all participants. The fee schedule is as follows:

CLASSIFICATION	FEE	DUE DATE
Annual Adult	$45.00	No later than October 1st
Annual Family	$75.00	No later than October 1st
Adult (Partial Year):		
Summer Only	$20.00	No later than June 1st

All summer participants will be required to purchase a concert uniform shirt for a cost of $20.00 each.

All registration fees should be paid online or directly to our Personnel Manager, Cathy Cooper (clarinet). **Checks should be made payable to 'Crystal Lake Community Band'**. There is an online payment option which includes a small fee. The link is below or you can go to the website clcb.org and select 'Registration Payment' from the menu.

Paying Online? ☐ Yes ☐ No

https://bit.ly/4xAZcoJ