

Sherando High School Color Guard Commitment Form

Due May 18th, 2022

I, _____, am planning to become a member of the Sherando H.S. Color Guard. I have read through the expectations and understand the time commitment, dedication, and teamwork this activity entails. I am aware of the consequences of certain actions and will abide by them if I were to exhibit any of the actions or behaviors.

Member Phone Number _____

Signature _____

Date _____

I, the parent of, _____, have read through the member expectations and the parent expectations. I understand the time commitment, dedication, and teamwork this activity entails for my child. I will abide by the expenses that go along with this activity. I am aware that if my child chooses to leave the group or removed from the group, that all fees are nonrefundable.

Parent's Name _____

Email _____

Signature _____

Date _____

Sherando High School Color Guard Member Information Form

Due May 18th, 2022

Student Name _____

Phone Number _____ Email: _____

Birthday _____ Year in School _____

Adult T-Shirt Size _____

Favorite Color _____

Favorite Food _____

Favorite Candy _____

Favorite Drink _____

Favorite Song _____

Favorite Artist _____

Parents/Guardians _____

Parents/Guardians Phone #s _____

Parents/Guardians Emails _____

