

THE KINGSMEN STARCORPS

Kingsmen Alumni Corps

Kingsmen Senior Corps

THE KINGSMEN STARCORPS MEMBER INFORMATION SHEET 2009/2010

FULL LEGAL NAME _____ SEX _____ AGE _____

PERMANENT ADDRESS _____ CITY _____

STATE _____ ZIP _____ TELEPHONE _____

CELL/PAGER: _____ EMAIL: _____

DATE OF BIRTH _____ SECTION OF CORPS: Color Guard Brass Percussion

Instrument: _____ PREVIOUS CORPS EXPERIENCE (Corps name and

Year(s)marched): _____

MEMBER'S GENERAL HEALTH INFORMATION:

Is the member allergic to any medication and/or food? _____ Which? _____

May this member take aspirin? _____ Does this member wear contact lenses? _____

Does this member suffer from: Hay fever _____ Allergies _____ Asthma _____

Does this member take any medication? _____ Which? _____

Is there any health history that may assist the person in charge should this member become ill? _____

Family Physician _____ Phone _____

Address _____ City _____ Zip _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT: _____

Relationship: _____ Phone _____

IF ABOVE PARTY CAN'T BE REACHED, PLEASE NOTIFY: _____

Relationship: _____ Phone _____

WE DO WE DO NOT HAVE HEALTH OR ACCIDENT INSURANCE

Insurance Company Name _____

Group Number _____ Policy Number of Group _____

SIGNATURE OF APPLICANT _____ DATE _____