



Glory Independent Winterguard  
Member Responsibility Form

**MEMBER INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

*Parent/Guardian A*

*Parent/Guardian B*

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**MEMBER RESPONSIBILITIES**

- If offered a membership contract, I agree to pay all audition, camp, tour, and equipment fees for the current season when due and on time. **I understand that after I have signed a performance contract and accepted a position in corps, ALL fees paid are non-refundable.** I understand that I will not be able to go on tour if I have an outstanding balance on my account, and that failure to adhere to my payment plan may result in suspension from corps activities and/or dismissal from the corps without refund.
- I agree to follow all Arsenal PA core rules as outlined in the member handbook and by Arsenal PA staff.
- I agree to permit (my child/myself) to travel with the corps and participate in corps activities as required by the Executive Director.
- I understand that transportation to and from rehearsal is an important consideration for membership and I agree to provide or arrange for transportation for all camps and rehearsals.
- Arsenal PA reserves the right to reassign positions in the guard, *including alternate (non-performance) status at any time* during the course of the season. **Arsenal PA may also terminate, without refund, a member's status for any breach of contract or other form of noncompliance with Arsenal regulations.**

**PUBLICITY WAIVER/RELEASE**

By participating in a program of Arsenal Performing Arts as a performer, prospective member, volunteer, staff member, or in any such related role, I give **Arsenal Performing Arts, Inc., Winter Guard International, Inc and their successors and assigns; West Texas Color Guard Association**, unrestricted permission to create, edit, and distribute, all still photographs, motion-picture film, video recordings and audio recordings taken of me during participation in any APA event for use in any production or publication of **Arsenal Performing Arts, Inc., Winter Guard International** or any of their affiliates.

**I have read and understand the provisions of this document, and I fully enter into and agree to the above Publicity Waiver and Member Responsibilities. I agree to comply with the stated rules and regulations and agree to support the corps in the application of corps rules and regulations as they pertain to (me/my child)**

*Parent/Guardian signature required if participant is under 18 years of age at time of signing.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_