

MUSIC EDUCATORS OF BERKS COUNTY

2024 JUNIOR COUNTY FESTIVAL REGISTRATION FORM

NAME: _____ AGE: _____ GRADE: _____ GENDER: _____
Nombre del Alumno Edad Curso Sexo (masc./fem.)

SCHOOL DISTRICT: _____ BUILDING: _____
Distrito Escolar edificio de la escuela

SCHOOL DIRECTOR NAME: _____
Nombre del director musical de la escuela

DIRECTOR PHONE: _____ DIRECTOR EMAIL: _____
número de teléfono del director musical correo electrónico del director musical

PLEASE CIRCLE ALL THAT APPLY (\$5/audition) Marque todo lo que se aplique (\$5/audición)

INSTRUMENT: VIOLIN VIOLA CELLO STRING BASS

If selected by successful audition, my child named above has my permission to participate in the MEBC Music Festival on Saturday, April 6, 2024, and on the following rehearsal dates:

Si es seleccionado por una audición exitosa, mi hijo nombrado arriba tiene mi permiso para participar en el Festival de Música MEBC el sábado, 6 de abril de 2024, y en las siguientes fechas de ensayo:

Initial those that apply:

Escriba sus iniciales junto a las fechas correspondientes:

____ Junior County 🎻 ORCHESTRA – Tuesday, April 2, 2024

____ Junior County 🎵 CHORUS – Wednesday, April 3, 2024

____ Junior County 🎸 BAND – Thursday, April 4, 2024

** Snow ❄️ Make-Up Rehearsal – Friday, April 5, 2024

STUDENT: I understand I must attend all rehearsals in their entirety to participate in the festival concert. I also understand that county participation requires continuous and satisfactory enrollment in my school's parallel performing group from the time of application through the festival concert, and that my participation may be revoked by my school's director, administrators, or the MEBC Executive Committee if I fail to meet eligibility, enrollment, or rehearsal requirements. For students who are of or will reach the age of majority (18) prior to the audition date: My signature indicates agreement with the *Publicity and Performance Waiver* printed below the Parent's/Legal Guardian's signature line on this form.

STUDENT'S SIGNATURE: _____

PARENT STATEMENT: I grant my child permission to participate, and will not hold MEBC, Berks Arts, nor the Host School responsible for any unforeseen accident or illness. I understand that final selection of student and instrument is at the discretion of the Executive Committee of MEBC and that my son/daughter must attend all rehearsals in their entirety to participate in the concert. I also understand that county participation requires my child's continuous and satisfactory enrollment in his/her school's parallel performing group from the time of application through the festival concert, and that his/her participation may be revoked by our school's director, administrators, or the MEBC Executive Committee if he/she fails to meet eligibility, enrollment, or rehearsal requirements.

Publicity and Performance Waiver: In the event my child is selected for membership in this performing group, I grant permission for his/her name to be posted on the MEBC and Berks Arts websites and to have his/her name, photographic/digital image and/or vocal or instrumental performance to be used in programs, authorized recordings, and media coverage relating to the county festival, it being understood that no compensation be made for this use.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE/Fecha: _____

PARENT PHONE: _____ EMAIL: _____

If my child needs emergency medical attention during this festival, please: (Initial one)

Si mi hijo necesita atención médica de urgencia durante este festival, por favor: (escriba sus iniciales)

_____ Act on my behalf, securing the necessary, reasonable emergency/medical care, and notifying me through the phone numbers provided below at the earliest opportunity.

Actuar en mi nombre, asegurando la atención médica/de urgencia necesaria y razonable, y notificándomelo a través de los números de teléfono indicados a continuación a la mayor brevedad posible.

_____ Other specific instructions: *Por favor, escriba otras instrucciones específicas en inglés:*

I guarantee payment of all charges incurred during such medical treatment if necessary, and acknowledge that no representations, warranties, or guarantees as to results or cures will be made. Garantizo el pago de todos los gastos incurridos durante dicho tratamiento médico si fuera necesario, y reconozco que no se harán representaciones, garantías o garantías en cuanto a resultados o curas.

Parent/Guardian Signature/firma del padre o tutor: _____ Date/Fecha: _____

In the event of an emergency, the following person should be contacted, with the relationship to the student and **phone number at which this person can be reached during the festival:** *En caso de emergencia, deberá ponerse en contacto con la siguiente persona, relación con el estudiante y indicando el número de teléfono en el que se le puede localizar durante el festival:*

(LIST IN ORDER OF PREFERENCE) *LISTAR POR ORDEN DE PREFERENCIA*

1. Name: _____ Relationship _____

Phone _____

2. Name: _____ Relationship _____

Phone _____

Physician Name/Nombre del médico: _____ Tel: _____

Do you carry medical/hospital insurance? ¿Tiene seguro médico/hospitalario? Circle: YES/SÍ or NO

If so indicate: (Si es así, indíquelo:) Carrier (Compañía de seguros): _____

Policy/Group Number/Póliza/Grupo: _____ Identification Number: _____

MEDICAL HISTORY (PLEASE NOTE “**NONE**” IF THIS DOES NOT APPLY TO YOUR CHILD)

****Please list any allergies (food/drug/environmental) or medical conditions of your child.**

HISTORIAL MÉDICO (POR FAVOR MARQUE “**NADA**” SI ESTO NO SE APLICA A SU HIJO)

****Por favor liste cualquier alergia (alimenticia/farmacológica/ambiental) o condición médica de su hijo.**

***MEDICATION: (MEDICACIÓN:)** Includes prescribed, OTC, and supplemental medications that are either daily medications, as needed medications (inhalers, allergy related medication, etc.) and/or emergency medications (Benadryl, Epi-pen, etc.). Choose one of the following:

_____ My child WILL NOT need medication during this Festival. *NO necesitará medicación*

_____ My child WILL need medication during the MEBC Festival. (must be in original packaging or RX container with pharmacy label). *Mi hijo NECESITARÁ medicación durante el Festival MEBC. (debe estar en su envase original o en un envase RX con la etiqueta de la farmacia)*

Medication Name (Nombre del medicamento) _____

The parent will be responsible for providing all medications required. The Authorization for School Medication Administration form must be completed and on file in the school nurse’s office.

My child may be administered/*Mi hijo puede recibir:*

Tylenol Advil TUMS Cough Drop (Pastillas para la tos)

Parent/Guardian Signature/firma del padre o tutor: _____ Date/Fecha: _____