

**MUSIC EDUCATORS OF BERKS COUNTY
2024 JUNIOR COUNTY FESTIVAL REGISTRATION FORM**

STUDENT NAME: _____ AGE: _____ GRADE: _____ GENDER: _____

SCHOOL DISTRICT: _____ SCHOOL BUILDING: _____

SCHOOL DIRECTOR NAME: _____

DIRECTOR PHONE: _____ DIRECTOR EMAIL: _____

PLEASE CIRCLE ALL THAT APPLY (\$5/audition)

VOICE PART: SOPRANO 1 SOPRANO 2 ALTO 1 ALTO 2
 TENOR 1 TENOR 2 BASS 1 BASS 2 PIANO

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:

- Initial those that apply:** _____ 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: _____

PARENT PHONE: _____ **EMAIL:** _____

If my child needs emergency medical attention during this festival, please:

Initial one:

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

____ Other specific instructions:

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.

Signed: _____ **Date:** _____
(Parent or Legal Guardian)

In the event of an emergency, the following person should be contacted (LIST IN ORDER OF PREFERENCE):

1. Name: _____ Relationship to student: _____
Phone number at which this person can be reached during the festival: _____

2. Name: _____ Relationship to student: _____
Phone number at which this person can be reached during the festival: _____

3. Name: _____ Relationship to student: _____
Phone number at which this person can be reached during the festival: _____

Physician Name: _____ Physician Phone Number: _____

Do you carry family medical/hospital insurance? Circle one: YES or NO

If so indicate:

Carrier: _____

Policy/Group Number: _____ 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.

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

____ My child WILL NOT need medication during this Festival.

____ My child WILL need medication during the MEBC Festival. (must be in original packaging or RX container with pharmacy label)

Medication Name _____

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 Tylenol Advil Tums Cough Drop

Signed: _____ **Date:** _____
(Parent or Legal Guardian)