

MEDICAL & PARTICIPANT ACCEPTANCE FORM (Please type or print)

PARTICIPANT (LAST NAME FIRST): _____

GENDER: _____ SCHOOL: _____ DOB: _____

GROUP (circle): BAND / ORCH / CHORUS / JAZZ I REQUEST VEGETARIAN MEALS: YES

PARENTS: _____

HOME ADDRESS: _____

HOME PHONE: _____ DAD WORK PHONE: _____

MOM WORK PHONE: _____ CELLPHONE(S): _____

FAMILY PHYSICIAN: _____ PHONE: _____

OR

WE HAVE NO FAMILY PHYSICIAN (Parent Initials): _____

Please explain any health issues, allergies or medications being taken by this student on the reverse side

PARTICIPANT ACCEPTANCE

The Vermont All State Music Festival gives participants an intensive experience in a performance ensemble. A participant must attend all rehearsals, concerts and all other scheduled festival activities. The ensemble's preparation and performance would be severely harmed without this policy. The festival's educational objective requires that a participant experience ALL rehearsals and other activities, follow curfews and other policies, and be fully prepared to contribute to the final performances. Failure to attend all of the festival's rehearsals, concerts and other activities will result in disqualification from further participation in this year's festival, and may result in disqualification from future festivals. In the event of an illness or family emergency that requires the student to be excused from a festival event, the participant will not be penalized from participation in future festivals. Because it is essential for all performers to participate in all aspects of the preparation, there are no exceptions to the requirement that a participant attend all rehearsals and other required activities in order to perform in the festival.

In signing this and accepting my assigned position in the Vermont All State Music Festival, I understand my obligation to the Festival as outlined above. I also understand that it is my responsibility to stay in good standing at my school and be actively enrolled in my school's appropriate music performance group at this time in order that I be allowed to participate.

Participant's Signature: _____

I HEREBY GIVE MY PERMISSION FOR THE PARTICIPANT NAMED ABOVE TO TAKE NON-PRESCRIPTION MEDICATION AS NEEDED WHEN ADMINISTERED BY THE FESTIVAL'S HEALTH PROFESSIONALS. IN CASE OF A MEDICAL EMERGENCY, I HEREBY GIVE PERMISSION TO THE FESTIVAL DIRECTOR OR DEAN OF STUDENTS TO TRANSPORT, HOSPITALIZE, AND SECURE PROPER TREATMENT FOR THE PARTICIPANT NAMED ABOVE. I ALSO AGREE TO THE CONDITIONS STATED ABOVE IN THE PARTICIPANT ACCEPTANCE.

Print Name of Parent/Guardian

Signature of Parent/Guardian