

PMEA District 7 Chorus
STUDENT FESTIVAL CONTRACT

Please print clearly in all sections on both sides of this contract
and return with MEDICAL FORM and PAYMENT by December 5, 2009 to:

Tim Sterner
J.P McCaskey High School
445 N. Reservoir St.
Lancaster, PA 17601

Section 1: To be completed and endorsed by student.

Student Last Name		Student First Name		Voice Part	
Age	Grade	Sex	Height in inches	Home Phone Number	
Home Street Address (Apt. Number)		City	State	Zip Code	
Name of School District		Name of High School		School Address	
School Phone Number					

CONTRACT AGREEMENT:

I hereby acknowledge and accept the following rules regarding the PMEA Festival in which I am participating. I agree to abide by these rules and by all policies which have been adopted or which may be adopted in the future by PMEA regarding this event. I understand that PMEA has sole discretion to make all decisions, including but not limited to, decisions regarding disciplinary matters and the final approval of students selected to perform. I also agree to:

1. Prepare assigned music prior to arriving at the Festival
2. Conduct myself courteously and appropriately at all times.
3. Abide by the Student Code of Conduct and Rules.
4. Neither use nor have in my possession at any time alcoholic beverages, illegal drugs or substances.
5. Not to smoke during the entire Festival beginning with on site registration & concluding with the last concert.
6. Not to participate in pranks or vandalism of any kind. (If I damage any property, my parents and/or I will assume full financial responsibility)
7. Abide by all decisions made by appropriate PMEA officials and obey all regulations listed above as well as any other regulations which may be implemented in the future by the host director or other administrative official.
8. Wear proper identification badge at all times.
9. Cooperate fully with host director & all PMEA officials.
10. Protect and promptly return all music materials after the concert, if requested.

11. Attend all rehearsals and concert(s) on time. **(Students should not apply to participate in festivals if for any reason, including religious activities, they plan to miss part of the affair. A student must participate in the complete festival program commencing with registration and concluding with the final concert, except in case of illness that must be verified in writing by a physician within 5 days of the festival. Students must rehearse and perform all musical compositions selected for the concert.)**

In signing this contract, I understand that membership in any PMEA Festival is a privilege and that membership may be forfeited if I fail to follow any of the above rules. I understand that violation of the above rules will give administrative officials the right to exclude me from participation. If such violation(s) occur, I understand that my parents/guardian will be immediately notified, and that they will be expected to provide my immediate transportation home.

Student signature _____ date _____
(OVER)

STUDENT MEDICAL INFORMATION FORM
PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION FORM
REVIEWED/APPROVED BY PENNSYLVANIA HOSPITAL ASSOCIATION

Student Name _____ Date _____

Sex _____ Age _____ Date of birth _____ Grade _____

Home Address:

Street

City, State, Zip Code

Area Code/Phone number

Director's Name _____ School _____

Father's Full Name _____

Work Phone _____ Hours _____

Mother's Full Name _____

Work Phone _____ Hours _____

Stepparent/Guardian's Full Name _____

Work Phone _____ Hours _____

Is the student currently under medical treatment? YES NO

If yes, give the nature of the treatment and the doctor's name and phone number:

Is the student currently taking any medication? YES NO

If yes, give the name of the medication, reason it is given, doctor's name and phone number:

List any ailments of which the school nurse or medical personnel should be made aware
(allergies, diabetes, heart condition, etc.)

Is your child allergic to: _____ Pets _____ Cigarette/Pipe Smoke _____ Food (list specific food(s) on
line above)

Date of last tetanus shot: _____

Name of health insurance:

Address _____ Phone _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group# _____

(OVER)

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
DISTRICT 7 CHORUS FESTIVAL
STUDENT CODE OF CONDUCT AND RULES**

By signing the student contract you have agreed to adhere to all rules and the student code of conduct.

Any individual who disregards the Student Code of Conduct and Rules will be subject to disciplinary action and may be sent home from the festivals. Legal action may be taken if appropriate. Above all, the host director and all PMEA members want to ensure a musical, educational, and enjoyable event. Your cooperation will help to achieve that goal.

CODE OF CONDUCT

- Behavior and appearance should positively reflect you, your school and PMEA
- You must adhere to all PMEA and host school rules.
- While attending this PMEA Festival, you are not permitted to purchase, possess, consume or be under the influence of alcohol, drugs or any illegal substances. (except for authorized prescription drugs) at any time.
- Conduct is the responsibility of each student. Use common sense and good judgment at all times
- If you are found responsible for stealing or vandalism, you and/or your parents will assume full financial responsibility.
- Tobacco products are not allowed by law.
- Any accidents, injuries or illnesses should be reported to the host director during the day and to your host family throughout the night.
- You are required to be on time, and to remain, for all scheduled events during the festival.
- Possession of weapons is strictly prohibited
- You are expected to be musically prepared and to accept the results of you audition(s) with grace and professionalism.

**Remember, the impression from this festival is the only one others have of you,
your school, and PMEA. Make it a positive one!**

PMEA DISTRICT 7 CHORUS FESTIVAL

Lampeter-Strasburg High School
January 29-30, 2010

TICKET ORDER FORM

Saturday, January 30, 2010 Concert 7:00 PM

Tickets are \$6 each for general seating and are available at the door or by mail.

Number of tickets _____ x \$6.00 = _____

Name: _____

Address: _____

Phone: _____

Please send check or money order for total amount payable to:

Friends of J.P. McCaskey Music
c/o Tim Sterner
445 N. Reservoir St.
Lancaster, PA 17601

**PLEASE INCLUDE SELF-ADDRESSED STAMPED
ENVELOPE IN ORDER TO RECEIVE TICKETS BY MAIL**

**** TICKET ORDERS RECEIVED AFTER JANUARY 1, 2009 OR WITHOUT SELF-ADDRESSED
STAMPED ENVELOPE WILL BE HELD AT THE BOX OFFICE ****