## **PMEA District 7 Chorus**

#### STUDENT FESTIVAL CONTRACT

Please print clearly in all sections on both sides of this contract ad ratum with MEDICAL EOPM and PAVMENT by December 5, 2000

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 Home Phone Number Sex Height in inches Age Grade Home Street Address (Apt. Number) City Zip Code State 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.

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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 fortified 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.

#### Section 2: To be completed and endorsed by parent or guardian

I have read this official PMEA Festival document, discussed its contents with my son/daughter, agree to its contents, and agree to support its enforcement. I understand that the school will arrange transportation with my cooperation and understanding to the festival. (Students are not permitted to drive during a PMEA Festival) My son/daughter has my permission to participate and I understand that his/her participation in this festival is solely at his/her own wish and that I will not hold PMEA and its officers, directors, employees or volunteer officials responsible for any injuries or damage my son/daughter may suffer in any way related to this event.

Parent/Guardian Printed Name	() Home Phone	() Work Phone	
Parent/Guardian Signature	<u> </u>	Date	
Section 3: To be completed and endors	ed by School Personnel		
	(	)	
Student Name	School P	hone Number	
We, the undersigned, have read student, agree to its contents, and agree to transportation with parent(s)/guardian(s) drive during a PMEA Festival) We endo Festival Membership. We will assist him	o support its enforcement. I un cooperation and understanding rse this student as an outstandi	nderstand that the school g to the festival. (Stude ing musician and stude	ol will arrange ents are not permitted to ent worthy of PMEA
Music Teacher Printed Name	MENC/PM	EA I.D. Number	Expiration Date

School Principal Signature

Music Teacher Signature

Please list below the name and title of the person from your school district who will be attending this PMEA Festival and will assume responsibility for this student and accompany the student to the On-Site Registration and serve on the Audition Committee. Every student is required to have a PMEA Member accompany him/her to registration.

Date

Date

Name			Title	
Phone # during Festival	E-n	nail Address	Home phone	
Section 4: To be completed and en	dorsed by pare	nt or guardian ar	nd student	
If selected for the Region V Chorus I	Festival March 1	1-13, 2010 at Cen	tral Dauphin East High School.	
	will	will not	attend.	
Student's Name				
(Parent or Guardian's Signature)				
Return both sides	J.P. M 44 Lar	ACT, MEDICAL Tim Sterner cCaskey High Scho 5 N. Reservoir St. ncaster, PA 17601 INE: December 5, 2		

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

Student Name	Date
SexAgeDate of birth	Grade
Home Address:	
Street	
City, State, Zip Code	
Area Code/Phone number	
Director's Name	School
Father's Full Name	II
Work Phone	Hours
Mother's Full Name	
Work Phone	_Hours
	_Hours
Is the student currently under medical trea If yes, give the nature of the treatment and	
Is the student currently taking any medicat If yes, give the name of the medication, re	tion? YES NO eason it is given, doctor's name and phone number:
List any ailments of which the school nurs (allergies, diabetes, heart condition, etc.)	se or medical personnel should be made aware
Is your child allergic to:PetsO line above) Date of last tetanus shot:	Cigarette/Pipe SmokeFood (list specific food(s) or
Name of health insurance:	
Address	Phone
Name of Guarantor	Agreement #
Name of Employer (if group insurance)	Phone Group#
Address	OVER)

#### PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the school or festival host cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name	Relationship to Child	
Address	Phone	
Name	Relationship to Child	
Address	Phone	

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL OR FESTIVAL HOST TO DO in case your child is sick or injured?

If EMERGENCY TREATMENT is required, may the school	ol authorities, fes	stival host, or	
designee use their own judgment in sending your child to a l	nospital or docto	or most easily	
accessible before the parent/guardian can be reached?	YES	NO	
If no, name preferred hospital			
preferred doctor			

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's music director/or festival host director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless Pennsylvania Music Educators Association, the host school district, and any registered nurse employed by PMEA, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at a PMEA-sponsored musical program or festival, including practice sessions.

Signature of parent or guardian

Date

The host school nurse has my permission to administer (circle as allowed): Tylenol, Pepto-Bismol, Other (be specific) to my son/daughter.

Signature or parent or guardian

Date

Do you grant permission to have this medical form provided to the host family and/or nurse on call? \_\_\_\_Yes \_\_\_\_No

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

Revised, January 2003

# 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 genera	I seating and are available at the door or by mail.
Number of tickets	x \$6.00 =
	Please send check or money order for total amount payable to:
Name:	Friends of J.P. McCaskey Music
Address:	c/o Tim Sterner 445 N. Reservoir St.
	Lancaster, PA 17601
Phone:	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 **	