

Maine All-State Jazz Festival Acceptance Form

Photocopy as necessary, be sure to copy BOTH SIDES as medical information is on the back
Each student accepting placement in All-State Festival MUST complete and return this form

Student Name: _____ Email: _____
Home Address: _____
Home Phone: _____ Age: _____ Gender: _____ Grade: _____
School Name: _____ School Phone: _____
School Address: _____
School Music Teacher: _____ Email: _____
Parent's Name(s) _____ Email: _____
Is Student a member of Tri-M? Yes _____ No _____

Ensemble (check one) _____ Honors Jazz Band _____ Jazz Band _____ Jazz Combo _____ Jazz Choir _____
Instrument played or Voice part sung: _____

Parents: *I authorize the appearance of my son/daughter in the AUDIO, VIDEO, PHOTO, and other MEDIA components of the All-State Music Festival*

Please circle one and initial: *I agree* _____ *I do not agree* _____

I decline Acceptance because: _____

By signing and returning this acceptance, we certify that:

- 1) **We understand that the 2009 All-State Jazz Festival is to be held at Bangor High School on Jan 8, 9, 10 and have checked for conflicts before signing this form.**
- 2) We have read and understood the All-State Festival Student Rules, understand that any infraction of these rules will be grounds for dismissal, and that withdrawing from the festival after acceptance may make the student ineligible for auditions the following year.
- 3) We are prepared to pay the All-State Jazz Fee \$175
- 4) We will thoroughly prepare for the musical requirements of the performing group.
- 5) We understand that the school music teacher must serve as an MMEA chaperone in the hotel and/or at activities unless exempted by the festival coordinator.

STUDENT SIGNATURE _____ DATE _____
(printed name) _____

PARENT SIGNATURE _____ DATE _____
(printed name) _____

TEACHER CHAPERONE SIGNATURE _____ DATE _____
(printed name) _____

PRINCIPAL SIGNATURE _____ DATE _____
(printed name) _____

**COMPLETED FORM WITH \$175 Fee MUST BE RECEIVED BY
Dec 19, 2008
TO BE ACCEPTED INTO THE ALL-STATE JAZZ FESTIVAL**

RETURN COMPLETED ACCEPTANCE FORM, MEDICAL FORM AND FEES \$175 – made out to MMEA
(see separate Invoice Online)

Mail To: Craig Skeffington, South Portland HS, 637 Highland Ave., South Portland, Maine 04106

Maine All-State JAZZ Festival - Medical Form

Student Name: _____ School Name: _____

In the event of a medical emergency when the parents cannot be reached at the home phone listed on the front, please list alternate numbers for parents as well as alternate contacts:

Number	Who can be reached at this number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information (NOTE: All Information will be kept confidential unless needed for treatment)

Does the student have any of the following conditions?

(1) ASTHMA: ___ Yes ___ No

If yes, please list any medications _____

(2) DIABETES: ___ Yes ___ No

If yes, please indicate the following: insulin dependent? _____

diet controlled? _____ taking an oral agent? _____

(Please list medication, if any, amount taken, and when it is taken)

(3) SEIZURES: ___ Yes ___ No

If yes, what medications are taken? _____

(4) CARDIAC PROBLEMS: ___ Yes ___ No (If yes, Please Specify:) _____

If yes, any limitations? _____

(5) ANY OTHER MEDICAL PROBLEMS THE STAFF NEEDS TO BE AWARE OF:

(Include allergies to food, medicines, bee stings, etc.)

(6) PLEASE LIST ANY DIETARY RESTRICTIONS:

(Attach another page if necessary)

(7) PLEASE LIST ANY OTHER MEDICATIONS THE STUDENT WILL NEED (and the reason):

(Attach another page if necessary)

I understand that medical emergencies during the All-State JAZZ Festival will be referred to local medical authorities, and that in such an instance parents will be notified as soon as possible.

Parent or Guardian's Signature:

Date: