2024 Medina County Fair Choirs

Registration Form

CHECK ONE:

____ **Elementary Choir ...** *Students currently enrolled in **Grades 3-6** (elementary school sixth-graders). If recommending a third-grader, please consider whether the student is vocally ready for this type of singing.*

____ **Youth Choir .....** *Students currently enrolled in **Grades 6-12** (middle school sixth-graders).*

- Complete **BOTH** sides of this form—the Registration Form and the Emergency Medical Authorization Form. **Send to:** Michael McClintock, c/o Brenda Zacharias, ESC of Medina County, 275 Center Street, Seville, OH 44273. Forms should be postmarked by **Friday, June 7, 2024**, or given to your director to return.
- If you have questions or need further information, contact Michael McClintock, Coordinator of Ensembles, at mmcclintock@medinaesc.org, or Brenda Zacharias at bzacharias@medinaesc.org or 330/723-6393, Ext. 601572.

Student Name _____
(Last) (First)

Mailing Address _____
(Street) (City) (Zip)

Home/Cell Phone _____ Parent Email _____

School District _____ Building _____ / _____
(Spring 2024) (Fall 2024)

Grade Level (Aug. 2023–May 2024) _____ Music Teacher _____

Have you participated in any of the Fair Ensembles before? [ ] Yes [ ] No Voice _____
(Soprano, alto, etc.)

- If your director recommends you, you will be accepted into the 2024 Medina County Fair Choirs. **1)** You will be expected to attend all rehearsals and the performance**.** Students should not miss any more than one day of rehearsal. **2)** By registering, you understand and agree that your name, school name, photograph, and/or performance may be published in newsletters, programs, local media articles or features, and/or on the ESC website/Facebook for this ESC-sponsored Fine Arts Festival. *I choose to "opt out" of this publicity release:* ☐
- Rehearsals will be held every weekday (Monday-Friday) from **Monday, July 22,** through **Wednesday, July 31,** at the **Medina United Methodist Church**, 4747 Foote Road, Medina, at the following times:
  Youth Choir – 9:00 to 10:15 AM / Elementary Choir – 11:00 AM to 12:15 PM
- The performance at the county fair is scheduled for **Thursday, August 1,** at these times:
  Elementary Choir – **noon / Youth Choir** – **1 PM**
- Ensemble students will be admitted to the fair free of charge. Parents and other family members will be required to pay fair entry admission fees.

THE FOLLOWING THREE SIGNATURES ARE REQUIRED FOR ACCEPTANCE INTO THE ENSEMBLES.

Student _____

Parent/Guardian _____

Music Teacher _____

[ ] Enclosed is my **$10** registration fee, which covers supplies and an honors ensemble T-shirt in the following size:

[ ] Adult Small [ ] Adult Medium [ ] Adult Large [ ] Adult X-Large

➔ *Make your check payable to **ESC of Medina County** and attach it to this form.*
➔ *The registration fee is **nonrefundable after July 5, 2024**.*

Educational Service Center of Medina County

"Stepping Up to Excellence"

The Educational Service Center of Medina County will be the leader in fostering positive partnerships within our community by providing services and support that promote excellence in education.

EMERGENCY MEDICAL AUTHORIZATION FORM

The Educational Service Center (ESC) of Medina County is providing this **Emergency Medical Authorization Form** to enable you to authorize emergency treatment for your child if your child becomes ill or injured while participating in a Medina County Fair ensemble with the ESC of Medina County.

Please print:

Student Name_____ Grade _____ School _____
First Last 2023-2024 Aug. 2023 - May 2024

Address _____
(Street) (City) (Zip)

Part 1 or Part 2 must be completed.

Part 1 - To Grant Request:

In the event of a health emergency involving my child and if reasonable attempts to contact me at _____ (home phone) or at _____ (cell phone), or at _____ (alternate phone) have been unsuccessful, I hereby give my consent for any licensed physician or dentist to provide medical treatment and to allow the transfer of my child to any hospital reasonably accessible. Facts concerning my child's medical history (including allergies, medications, and any physical impairments to which a physician should be alerted) are listed as follows:

_____

_____

_____

_____ _____
Name of Parent/Guardian *(print)* Signature of Parent/Guardian

_____
Date

Part 2 - Refusal to Consent:

In the event of a health emergency involving my child and if reasonable attempts to contact me at _____ (home phone) or at _____ (cell phone), or at _____ (alternate phone) have been unsuccessful, I hereby do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take **NO** action *or* to *(provide a reasonable alternative)*:

_____

_____

_____ _____
Name of Parent/Guardian *(print)* Signature of Parent/Guardian

_____
Date

This form MUST be returned with the Fair Ensemble registration form.