

2025 Medina County Fair Band



Registration Form

	Band Students currently enrolled in Grades 4-6 (elementary school sixth-graders) who have completed at least one year of instruction and perform Grade 1-1.5 level music. - OR -								
	Students currently enrolled in Grades 6-8 (<u>middle school</u> sixth-graders) who have completed at least two years of instruction and perform Grade 2-2.5 level music or above.								
A	Complete this Registration Form <u>and</u> the Emergency Medical Authorization Form (on reverse side). <u>Send to</u> : Michael McClintock, c/o Brenda Zacharias, ESC of Medina County, 275 Center Street, Seville, OH 44273. Forms should be postmarked by Friday, May 30, 2025 , or given to your director to return.								
A	f you have questions or need further information, contact Michael McClintock, Coordinator of Ensembles, at mmcclintock@highlandschools.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 2025) (Fall 2025)							
	Grade Level (Aug. 2024–May 2025)	Music Teacher							
	Have you participated in any of [] Yes [] No the Fair Ensembles before?	Instrument (Include alto/tenor sax or if baritone, clef.)							
A	If you are recommended by your director, you will be accepted into the 2025 Medina County Fair Band. 1) You will be expected to attend <u>all</u> rehearsals and the performance. Students should not miss any more than <u>one</u> day of rehearsal. 2) Band students are required to bring their own music stands. 3) 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.								
	hearsal location and performance site are accessible to an amodations needed:	all. If your child needs accommodations, please check here:							
A	Rehearsals will be held every weekday (Monday-Friday) from Monday, July 21 , through Wednesday, July 30 , from 10:00 to 11:15 AM at the Medina United Methodist Church , 4747 Foote Road, Medina.								
A	The performance at the county fair is scheduled for T	Гhursday, July 31, at 1 Рм.							
A	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								
	Attached is my \$10 registration fee. (Make your check payable to <i>ESC of Medina County</i> .) I understand that the registration fee is nonrefundable after July 3, 2025 . I, the <u>student</u> , would like to order an honors ensemble T-shirt in the following size. (Sponsor donations will cover the cost of T-shirts.) [] Adult Small [] Adult Medium [] Adult Large [] Adult X-Large								



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.

Student Name			Grade	School	
	First	Last	Grade 2024-2	2025	Aug. 2024 - May 2025
Address	· · · · · · · · · · · · · · · · · · ·	·····			
	(Stree	t)	(City)		(Zip)
	<u> </u>	Part 1 or Part 2 must	<mark>be completed</mark> .		
Part 1 - To Gra	nt Request:				
(home phone) or at unsuccessful, I here transfer of my child	t eby <u>give my consent</u> fo to any hospital reasor		or dentist to provi	(alternate ph ide medical tro d's medical hi	one) have been eatment and to allow the story (including allergies,
Name of Parent/G	Juardian <mark>(<i>print</i>)</mark>	_	gnature of Parent/ ate	Guardian	
Part 2 - Refusa	I to Consent:				
(home phone) or at unsuccessful, I here	teby <u>do NOT give my c</u>	ving my child and if reaso _ (cell phone), or at <u>consent</u> for emergency m ish authorities to take NC	edical treatment o	(alternate ph f my child. In t	none) have been the event of illness or
Name of Parent/G	Guardian <mark>(<i>print</i>)</mark>	_	gnature of Parent/	Guardian	
		D	ate		

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