

2025 Medina County Fair Orchestra



## **Registration Form**

Orchestra ...... Students currently enrolled in Grades 5-8 who can perform Grade 1-2 level music, including tiered parts (similar to Dackow Festival arrangements). Complete this Registration Form and the Emergency Medical Authorization Form (on reverse side).

Send to: 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.

If you have questions or need further information, contact Michael McClintock, Coordinator of Ensembles, at A 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						
	School District	Building / (Spring 2025)	(Fall 2025)				
	Grade Level (Aug. 2024–May 2025)						
	Have you participated in any of [] Yes [] the Fair Ensembles before?	No Instrument					
N	If your director recommends you, you will be accepted to attend <u>all</u> rehearsals and the performenessal. <b>2)</b> Orchestra students are required to and agree that your name, school name, photograms, local media articles or features, and/or Arts Festival.	ormance. Students should not miss any m bring their own music stands. <mark>3) By registe</mark> raph, and/or performance may be publishe	ore than <u>one</u> day of ering, you understand d in newsletters, SC-sponsored Fine				
	ehearsal location and performance site are accessibl	-	please check here:				
Ассоі	mmodations needed:						
A	Rehearsals will be held every weekday (Monday-Friday) from <b>Monday, July 21,</b> through <b>Wednesday, July 30,</b> from <b>10:00 to 11:15</b> AM at the <b>Medina United Methodist Church</b> , 4747 Foote Road, Medina.						
	Students <u>can</u> participate in one of the choirs <u>and</u> the orchestra even though the rehearsal times overlap. Directors will work with those students who "double" to determine a shared rehearsal schedule for the 15-minute overlap.						
A	The performance at the county fair is scheduled f						
A	Ensemble students will be admitted to the fair fre to pay fair entry admission fees.	e of charge. Parents and other family men	nbers will be required				
	THE FOLLOWING THREE SIGNATURES AR	RE REQUIRED FOR ACCEPTANCE INTO THE	ENSEMBLES.				
	Student						
	Parent/Guardian						
	Music Teacher						
	I understand that the registration fee is						
	(Sponsor donations will cover the cost of	onors ensemble T-shirt in the following s of T-shirts.)	size.				
	[ ] Adult Small [ ] Adult Med	dium []Adult Large [] Adult X-L	.arge				



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.

E	Student Name			Grade	School				
e e		First	Last	2024-202	25	Aug. 2024 - May 2025			
eas	Address								
Ĩ		(Str	eet)	(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	or any licensed physician or dentist to pr	ovide medical treatment and to allow the						
transfer of my child to any hospital reason	ably accessible. Facts concerning my c	hild's medical history (including allergies,						
medications, and any physical impairment	ts to which a physician should be alerted	d) are listed as follows:						

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

## Part 2 - Refusal to Consent:

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

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