

2017 Medina County Fair Bands



☐ Concert Band (Gr. 4-6)

Registration Form

☐ Symphonic Band (Gr. 6-8)



Directions: Complete **BOTH** sides of this form (the registration form and the Emergency Medical Authorization). This form should be postmarked by **May 26, 2017**, and sent to: Michael McClintock, c/o Brenda Zacharias, ESC of Medina County, 124 West Washington Street, Medina, OH 44256. Mail your form or give it to your director to return.

Contacts: If you have questions or need further information, contact Michael McClintock, Coordinator of Ensembles, at mmcclintock@medina-esc.org, or Brenda Zacharias at 330-723-6393, Ext. 101.

To Directors: Please help students to select the appropriate ensemble for them. The Concert Band is for those students who have completed one year of instruction and perform Grades 1-1.5 level music. The Symphonic Band performs music Grade 2-2.5 and above.

Student Name _____
(Last) (First)

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

Home/Cell Phone _____ Parent Email _____

School District _____ Building _____ / _____
(Spring 2017) (Fall 2017)

Grade Level Completed _____ (as of May 2017) Music Teacher _____

Prior ensemble participant? ☐ Yes ☐ No Instrument _____ Part _____
(Include alto/ten sax or if baritone, clef.)

Acceptance Rules. If your director recommends you, you will be accepted into the 2017 Medina County Fair Bands. **1)** You will be expected to attend all rehearsals and the performance. Students should not miss any more than one 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.

I choose to "opt out" of this publicity release: ☐

Rehearsals. Rehearsals will be held every day (Monday-Friday) from **Monday, July 24**, through **Wednesday, August 2**, at the **Medina United Methodist Church**, 4747 Foote Road, Medina, at the following times:
Concert Band – 9:00 to 10:15 a.m. / Symphonic Band – 10:45 a.m. to 12 noon

Performance. The performance at the county fair is scheduled for **Thursday, August 3**, in the **pavilion** as follows: **Concert Band – noon / Symphonic Band – 1 p.m.**

Admittance to Fair. Ensemble students will be admitted to the fair free of charge. Parents and other family members will be required to pay all related fair entry fees or admissions.

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

Signature of Student _____

Signature of Parent/Guardian _____

Signature of Music Teacher _____

☐ Enclosed is a **\$10** registration fee, which covers supplies and staffing.

☐ I, the student, would like to order an ensemble T-shirt at **\$10** per 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. One check for \$20 may be made to cover both the shirt and the registration fee. The registration fee and the T-shirt payment are **nonrefundable after July 7, 2017**.*



The Educational Service Center of Medina County will be the leader in providing services and products that promote excellence in education.

Emergency Medical Authorization Form

The Educational Service Center of Medina County is providing this **Emergency Medical Authorization Form** to enable you to authorize emergency treatment for your child if he/she becomes ill or injured while participating in a Medina County Fair ensemble with the ESC of Medina County. **Part I or Part II must be completed.**

Please print:

Student Name _____ Grade _____ School _____
First Last
Address _____
(Street) (City) (Zip)

Part I: 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 II: 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.