

# 2017 Medina County Fair Choirs



[ ] Elementary Choir (Gr. 3-6)

## Registration Form

[ ] Youth Choir (Gr. 6-12)



**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](mailto:mmcclintock@medina-esc.org), or Brenda Zacharias at 330-723-6393, Ext. 101.

**Note:** Third-grade students may be recommended for membership in the Elementary Choir. Consideration will be given to the music chosen for the ensemble and whether the third grader is vocally ready for this type of singing. In addition, sixth-grade students may be recommended for either ensemble (elementary or youth). Likewise, consideration will be given to the music chosen for the ensemble and whether the sixth-grade student is attending an elementary school or a middle school.

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 Voice \_\_\_\_\_  
(List soprano, alto, etc.)

**Acceptance Rules.** If your director recommends you, you will be accepted into the 2017 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.** 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:  
**Youth Choir – 9:00 to 10:15 a.m. / Elementary Choir – 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: **Elementary Choir – noon / Youth Choir – 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.*