

MASSACHUSETTS MUSIC EDUCATORS' ASSOCIATION
57th ALL-STATE MUSIC FESTIVAL

Shrewsbury High School
Saturday January 29, 2011
Snow Date: February, 2011

The Seaport Hotel, Boston
Rehearsals
March 24-26, 2011

Symphony Hall, Boston
Concert
March 26, 2011

MEDICAL/PERMISSION/COMMITMENT FORM

Please type or neatly print all information on form below.

I. STUDENT EMERGENCY MEDICAL INFORMATION

Student's Name _____ School _____ Grade _____

Male/Female _____ Date of Birth _____ Age _____ Circle: Vocal Brass/Winds/Percussion Strings Jazz

Parent/Guardian's Name _____

Home Address _____ Town _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

In emergency, notify _____ Relationship _____

Home Phone _____ Cell Phone _____ Business Phone _____

Medical Insurance Company _____ Policy Number _____

Is student taking medication? _____ What? _____ Dosage _____

Allergies? Please specify. _____
(continue on separate sheet, if necessary)

Any Illness? Please specify. _____
(continue on separate sheet, if necessary)

Does the student require a restricted diet? (If so, please specify here) _____

Students participating in the All-State Festival will be housed either at the Seaport Hotel, Boston or at the Renaissance Boston Waterfront Hotel. Accommodations will be quad occupancy with two double beds per room. Students will be transported to Symphony Hall, Boston, by commercial bus.

II. STUDENT COMMITMENT CONTRACT

I (student name) _____, have read the *All State Information and Policies* governing my participation in the Massachusetts Music Educators' Association All-State Music Festival. I agree as a student participant selected to the All-State Symphonic Band, Orchestra, Jazz Band, or Chorus to adhere to the policies and guidelines set forth in the above-mentioned document.

Student Signature _____ Date _____

III. PARENT/GUARDIAN PERMISSION

I (parent/guardian name of the above named child) _____, submit the above emergency medical information and give my permission for him/her to participate in this festival under the conditions described above and the rules and expectations outlined in the *All-State All State Information and Policies*. I hereby acknowledge that the performance of my child identified above may be photographed, reproduced, and/or recorded on compact disc, DVD, and/or other similar devices and may be displayed and/or heard in MMEA publications and/or on the MMEA Website without remuneration.

I acknowledge and understand that my child's participation in the All State Festival, including auditions, rehearsals, concerts and all related events, is voluntary and I agree, for myself and on behalf of my child, that I will hold MMEA and its officers and employees harmless on account of any injuries or property damage that my child may incur as a result of participation in the Festival, except to the extent caused by the gross negligence or willful misconduct of MMEA or its officers or employees.

Parent/Guardian Signature _____ Date _____