

**OMEA DISTRICT XII  
HONOR BAND  
STUDENT PARTICIPATION FORM**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade (7, 8, 9, 10, 11 or 12): \_\_\_\_\_

**1. PARENTAL CONSENT:** I, (Mr., Mrs., Ms.) \_\_\_\_\_, the parent or legal guardian, as appropriate, of \_\_\_\_\_, give my consent for him/her to participate in all activities associated with the OMEA District 12 2012 Honors Festival. I understand that this consent will include participation in all rehearsals, concerts and activities related to the District 12 Honors Festival and will include travel to and from these events. I understand the above student is required to attend all rehearsals and the concert for the Festival. I also understand said student is responsible to follow all rules of their school district, the host school district and of the OMEA District 12 Honors Festival.

**2. MEDIA RELEASE:** To promote, evaluate, or otherwise describe the Festival, I give permission to the District, its agents and the Ohio Music Educators Association (OMEA) to photograph my child and/or obtain interviews during the 2011 Honors Festival and to use in connection with any publication (including but not limited to concert programs, brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, a minor, appears, to use and cite any comment(s), verbal or written, made by said minor about the program, and to use said minor's name in connection with any publication associated with OMEA and in such manner as determined OMEA and District 12 agents.

**3. LIABILITY RELEASE:** I hereby release and discharge OMEA including District 12, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, OMEA with respect to all activities associated with the OMEA District 12 Honors Festival, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in any and all activities associated with the OMEA District 12 Honors Festival.

**STUDENT CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION INFORMATION [student's school representative should have a copy/copies of the school's official medical form(s)].**

Chronic Medical Conditions:

Current Medications:

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Carrier Phone Number: \_\_\_\_\_

**4. MEDICAL TREATMENT AUTHORIZATION:** I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s). (Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian) Student Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

**NOTE:** Honors members 18 or older who are their own legal guardian may sign this form.