

**South Eastern Massachusetts School Bandmasters Association
S.E.M.S.B.A
Junior & Senior High School Audition and Festival**

Student Information/Medical Form 2011-12

Please print clearly.

Student's name: _____

(Choose One) **Male Female** (Choose One) Grade: **7 8 9 10 11 12**
(Choose One) Voice part: **S A T B Bar**

Home telephone _____ Parent's work telephone: _____

Home address: _____

School: _____ Group Director: _____

Festival: (Circle) SENIOR JUNIOR

Group: Winds/Percussion String **Instrument:** _____

Some double auditions are allowed. Ask your group director to see these regulations in the SEMSBA Manual.

Audition Information

Date: February 4, 2012 **Place:** Walpole High School. **Audition fee** is \$15 per audition.

Registration will be on-line beginning on Dec. 6, open for changes through January 27. After January 27 all changes or additions will be made on audition day with a **late fee of \$20** per change or addition.

Festival Information

Senior Festival: March 16-17, 2012, **Site:** TBA, **Concert:** March 17 @ 2 PM

Junior Festival: May 4-5, 2012 at East Middle School Braintree, **Concert:** May 5 @ 1 PM

Audition and Festival guidelines: Each group director should post the requirements, rules, regulations and student information, found in the SEMSBA Manual, in an appropriate area for their students.

Student Statement: I have read and understand the rules, regulations and requirements for participation in SEMSBA auditions and festivals.

Student's signature: _____ **Date:** _____

Medical Information

Authorization for a School Representative to Act on Behalf of an Absent Parent or Guardian: As parent/guardian, I delegate authority to the representative of the _____ (your town Public Schools) to act in my absence to insure my son/daughter _____ will receive emergency medical care if the need arises. This authorization will be in effect for the duration of, and enroute to and from, the SEMSBA Auditions and/or Festival. If, however, in the opinion of competent medical personnel there is sufficient time and need to contact me, every effort will be made to do so.

1. Student's Physician: _____ Telephone: _____

2. Medical Insurance Co: _____ Policy #: _____

3. Allergies: Medicine _____ Foods _____ Insects _____

4. Date of last Tetanus Shot: _____ Medication allowed: _____

5. Please use the back of this form to include any other pertinent information.

Parent's signature: _____ **Date:** _____

(to help avoid conflicts -parents should make a copy of this document to keep as a reminder of all dates.)