

South Eastern Massachusetts School Bandmasters Association
STUDENT INFORMATION FORM

Student's Name: _____ Phone: _____

Address: _____ Town: _____

Parent/Guardian Work/Daytime Phone: _____

School Name: _____ **Director:** _____

Festival: (circle one) Junior SEMSBA Senior SEMSBA **Grade:** 7 8 9 10 11 12

Group: (circle one) Wind/Percussion Strings Jazz Chorus

Student's Instrument/Voice Part: _____

AUDITION INFORMATION

Date: February 4, 2017 **Place:** Hanover High School. **Audition Fee:** \$15 per audition.

Registration will be on-line beginning on **Nov. 28, 2016** open for changes through **Jan. 25**. **After Jan. 25** all changes or additions will be made on audition day with a **late fee of \$20** per change or addition. Registration closes **Feb. 1, 2016**.

Requirements are posted at <http://www.semsbama.org/auditions>

FESTIVAL INFORMATION

Senior Festival: March 24-25, 2017 at Durfee High School - Fall River, Concert: March 25, 2017

Junior Festival: May 5-6, 2017 at East Middle School - Braintree, Concert: May 6

AUDITION & 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.

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 _____ to act in my absence to insure my son/ daughter _____ will receive emergency medical attention if the need arises. 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. (This authorization will be in effect from February 4, 2017 at and in route to and from Auditions and to and from the Sr. and Jr. Festivals)

1. Student's Physician: _____ Telephone: _____

2. Medical Insurance Co: _____ Policy number: _____

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 including any individual conditions that would require additional accommodations at the auditions or festival.

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

Student Statement: I have noted the dates and pertinent information and familiarized myself with the requirements and rules and regulations for participating in the SEMSBA Auditions and Festivals. I am not aware at this time of any conflicts that would prohibit my full participation. Unforeseen conflicts will be brought immediately to my Directors attention.

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