

# South Eastern Massachusetts School Bandmasters Association

## STUDENT INFORMATION FORM

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Parent/Guardian Work/Daytime Phone: \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Director:** \_\_\_\_\_

**Festival:**  Junior SEMSBA  Senior SEMSBA **Grade:**  7  8  9  10  11  12

**Group:**  Winds/Percussion  Strings  Chorus  Jazz

**Student's Instrument/Voice Part:** \_\_\_\_\_

### AUDITION INFORMATION

**Date:** February 4, 2023 **Location:** Abington High School **Audition Fee:** \$20 per audition.  
Registration will be on-line beginning on **Dec. 6, 2022** open for changes through **Jan. 31**. **After Jan. 31** all changes or additions will be made on audition day with a **late fee of \$20** per change or addition. Registration closes at midnight on **Feb. 2, 2023**. Requirements [are posted at http://www.semsbama.org/auditions](http://www.semsbama.org/auditions)

### FESTIVAL INFORMATION

**Senior Festival:** March 17-18, 2023 Middleboro High School

**Junior Festival:** May 5-6, 2023

### 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.

Whenever there is time to contact me, every effort will be made to do so.

*(This authorization will be in effect from February 4, 2023 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: \_\_\_\_\_

Environmental: \_\_\_\_\_

4. Date of last Tetanus Shot: \_\_\_\_\_ Medication allowed: \_\_\_\_\_

5. Dietary Concerns: \_\_\_\_\_

6. Please use this space 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:** \_\_\_\_\_