

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 5, 2022 **Location:** Abington High School **Audition Fee:** \$15 per audition.

Registration will be on-line beginning on **Dec. 6, 2021** 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. 3, 2022**. Requirements are posted at <http://www.semsbama.org/auditions>

FESTIVAL INFORMATION

Senior Festival: March 18-19, 2022

Junior Festival: May 6-7, 2022

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 5, 2022 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. COVID-19 Health Attestation: Students must either be vaccinated or have a negative Covid-19 Test for auditions and festivals.

Vaccination Negative Test Parent/Guardian Initial: _____

7. 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:** _____