

O.M.E.A. District 16 Honor Bands Permission Form

The O.M.E.A. District 16 Honor Band Festival will take place on Friday March 23rd and Saturday March 24th 2018 at Waverly High School in Waverly, Ohio. The bands will rehearse on Friday from 5:00 P.M. to 9:00 P.M. and Saturday from 10:00 A.M. to 5:00 P.M. The bands will perform a concert at Waverly High School on Saturday evening at 7:00 P.M. All participants will remain on campus on Saturday between the rehearsal and concert to have dinner. Attendance at all rehearsals and concert are mandatory.

Middle/Junior High School students will be nominated by their band director. There will be a selection meeting to determine the membership based on balance of the sections in the band. The selected students will audition for chair placement on Saturday, February 24th, 2018 at any time during 10:00 A.M. to 1:00 P.M. at Washington Court House Schools in Washington C.H., Ohio. Students must audition by preparing the provided music and scales or rudiments. Student may also be asked to sight read. To be considered for band placement, the student must perform at the live audition in the designated place and within the designated times. Students will audition on one instrument only, except in the case of flute players wishing to play piccolo. The decision of the adjudicators will be final. **The concert uniform for middle/junior high student will be white shirt and black pants with appropriate dress shoes and socks.**

High School students will be selected and seated by audition. The audition will take place on Saturday, February 24th, 2018 at any time during 10:00 A.M. to 1:00 P.M. at Washington Court House Schools in Washington C.H., Ohio. Students must audition by preparing the provided music and scales or rudiments. Student may also be asked to sight read. To be considered for band placement, the student must perform at the live audition in the designated place and within the designated times. Students will audition on one instrument only, except in the case of flute players wishing to play piccolo. The decision of the adjudicators will be final. **The concert uniform for high school students will be their regular concert dress for performances at their home school.**

Each student selected for the band as a result of the middle/junior high school selection meeting or as a result of the high school audition will pay \$25 to their band director. The fee will cover costs of the guest director and music. School or Booster checks should be made payable to OMEA District 16. Every student will receive a T-shirt for their participation.

While at Waverly High School for the festival weekend, all meals will be eaten at the school. Waverly High School Band Boosters will provide concession type food at a reasonable cost. The cost of meals is the student's responsibility. Students are not allowed to leave the school for meals or any other reason during the rehearsal times.

While participating in the District 16 Honor Bands, student behavior is expected to be exemplary at all times. Proper respect for the property of other students and that of Waverly High School is expected at all times. Students responsible for any damages will be billed for them. It is the policy that all participants of the District 16 Honor Bands be active members in the regular school day band class as determined by their band director.

Student Name (as to be printed in program) _____ Grade ____ Adult T-Shirt Size _____

Instrument _____ School _____

Band Director _____

We have read the above information and understand all responsibilities associated with membership in the District 16 Honor Bands. We also acknowledge that photos and/or videos of the concert may be taken and sold by a third-party recording company.

Student Signature _____

Parent Signature _____

It is expected that the band director is present during all rehearsals in case of emergency situations and to assist with sectionals as determined by the guest director.

Band Director Signature _____

**Please give this form to the adjudicator before your audition.
Don't forget to complete the Emergency Medical Form on the back**



Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under OMEA authority, when parents or guardians cannot be reached.

Student Name _____	Phone # _____
Address _____	School District _____
_____	School Attending _____
Birth Date _____ Sex M F	Grade _____
Handicap or Disability _____	
Please describe any special needs: _____	

Residential Parent or Guardian

Mother _____	Day Ph # _____	Cell # _____
_____	Email _____	Pager # _____
Father _____	Day Ph # _____	Cell # _____
_____	Email _____	Pager # _____
Other Name _____	Day Ph # _____	
Name of Relative or Childcare Provider _____		
Address _____	Phone # _____	
_____	Relationship _____	

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____	Phone # _____
Dentist _____	Phone # _____
Medical Specialist _____	Phone # _____
Hospital _____	Phone # _____

PLEASE COMPLETE PART I OR PART II—NOT BOTH

Part I—To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____ Parent or Guardian Signature _____

Address _____

Part II—Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the OMEA authorities to take no action or to: _____

Date _____ Parent or Guardian Signature _____

Address _____