

To be completed following the notification of acceptance for the All-State,  
High School Region, and Middle School Region Festival  
A separate contract is required for each festival

## CMEA FESTIVAL STUDENT CONTRACT

School Darien High School School Address 80 High School Lane, Darien, CT 06820

High School  
 Middle School

All-State  
 Eastern Region  
 Northern Region  
 Southern Region  
 Western Region

Band  
 Chorus  
 Orchestra  
 Jazz Ensemble

PRINT STUDENT NAME



\_\_\_\_\_ has been selected to perform with the CMEA Festival group listed above. Due to the small amount of rehearsal time, it is imperative that there be 100% attendance at ALL rehearsals and at the concert. Students are expected to have all music prepared for the beginning of the first rehearsal.

Participating students must abide by all published rules and regulations. Failure to follow these rules and regulations may result in their immediate dismissal from the Festival by the Festival Chairperson. I hereby grant CMEA permission the right to use, reproduce, and/or distribute photographs, video recordings, and sound recordings of my child, without compensation or approval rights.

COMPLETING A CONTRACT FOR THIS FESTIVAL MANDATES PARTICIPATION. Students may withdraw from the Festival for the following reasons: personal illness or death in the family. In case of personal illness or a death in the family, the school ensemble director must give notification to the festival chairperson as soon as possible. Verifications of illness must be sent to the Student Affairs Commission Chairperson within two weeks. This verification may be a doctor's note or a letter from the principal or attending officer designating the absence as authorized due to illness.

**Please note: Scheduled or re-scheduled sporting or social events cannot be considered as valid reasons for absence. Potential conflicts should be considered before completing this contract.**

**Students failing to fulfill their contracted obligations will forfeit participation in any CMEA events for one calendar year. Students dismissed from a Festival for disciplinary reasons will be suspended or expelled from all CMEA activities for a period of time determined by the Student Affairs Commission.**

- No student may drive to a CMEA sponsored activity.
- Registration fees will not be refunded after this contract is submitted.
- Student auditions and performances may be recorded, reproduced and disseminated by CMEA for educational purposes.
- Students should keep a copy of this form for reference.
- CMEA is not responsible for theft or damage of personal property at a festival.

\_\_\_\_\_  
(Student's Signature)

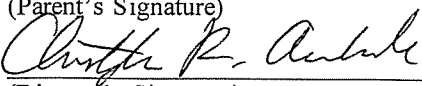
\_\_\_\_\_  
Student Email Address (optional)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
Parent Email Address

\_\_\_\_\_  
(Date)

  
(Director's Signature)

candrade@darienps.org  
Director Email Address (required)

11/14/11  
(Date)

\_\_\_\_\_  
(Principals' Signature)

11/14/11  
(Date)

To be completed following notification of acceptance into the following Festivals:  
Middle & High School Region Festivals and All-State Festival.  
A separate Health History is required for each Festival.

## CMEA MUSIC FESTIVAL STUDENT HEALTH HISTORY

The Connecticut Music Educators Association believes that the opportunity to participate in any Music Festival is a valuable musical and educational experience. For an event of this type, it is necessary for CMEA to have emergency contact numbers and medical information for each participant. We sincerely hope that this information will never be used; however, in case of an emergency it will be readily available. This information will be kept confidential. Upon the completion of the Festival, this form will be destroyed. PLEASE PRINT CLEARLY!

Student's full name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

School Darien High School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Business Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Relative or other Responsible Party \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH HISTORY. Please complete & sign the following:

HEALTH CONDITIONS/PROBLEMS (heart, lung, kidney, blackouts/convulsion, diabetes, asthma, bronchitis, epilepsy, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Allergies? (allergic to penicillin, sulfa, etc.) : \_\_\_\_\_

Prescription Medications (list) : \_\_\_\_\_

Non-prescription Medications student will carry (list) : \_\_\_\_\_

**ALL-STATE ONLY.** FOOD ALLERGIES or other DIETARY NEEDS OR RESTRICTIONS (peanuts, gluten-free, vegetarian, etc.):

**ALL-STATE ONLY.** List any health condition that may affect HOTEL ROOMING assignments:

THE FOLLOWING SECTION WILL BE INVOKED ONLY UNDER THE MOST EXTREME CIRCUMSTANCES AND/OR AFTER ALL ATTEMPTS TO REACH PARENTS HAVE BEEN EXHAUSTED.

This is permission for treatment of my child by physicians and at hospitals for any medical or surgical emergency.

Parent or legal guardian's signature \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Identification No. \_\_\_\_\_ Group No. \_\_\_\_\_