

OMEA District 16 Honor Band Permission Form

The OMEA District 16 Honor Band Festival is scheduled for Friday, April 5 and Saturday, April 6 at Waverly High School. The bands will rehearse on Friday from 5-9p and Saturday from 10a-4p and will perform a concert on Saturday at 6p. Students will remain on campus between the rehearsal and concert on Saturday to eat dinner and change into performance attire. **Attendance at all rehearsals and the concert are mandatory.**

Middle school / junior high school students will be nominated by their band director. Directors will add names of nominated students to the shared Google Sheet by Monday, January 29 at 6p. Selected students will submit a video audition to the shared Google Drive folder by Saturday, February 24 at 11:59p. An audition video is only considered complete if all elements (scales / rudiments and both excerpts) are included. Students will audition on one instrument only, except in the case of flute players who are interested in playing piccolo. The decision of the adjudicators will be final. **The concert uniform for high school students is their regular concert dress for performances at their home school.**

High school students will be selected and seated by video audition. Video auditions will be uploaded to the shared Google Drive folder by Saturday, February 24 at 11:59p. An audition video is only considered complete if all elements (scales / rudiments and both excerpts) are included. Students will audition on one instrument only, except in the case of flute players who are interested in playing piccolo. The decision of the adjudicators will be final. **The concert uniform for high school students is their regular concert dress for performances at their home school.**

Each student selected for the band as a result of the middle school / junior high school selection meeting or as a result of the high school audition will pay \$30 to their band director. The fee covers the costs of the guest director, sheet music, and a commemorative t-shirt. School or booster checks should be payable to OMEA District 16.

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

While participating in the District 16 Honor Bands, exemplary behavior is expected at all times, including proper respect for the property of other students and that of Waverly High School. Any damage will be the financial responsibility of the student.

Per OMEA policy, participating students must be active members in their school band program.

Student name (to be printed in the 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 will be present at all rehearsals and performances in case of emergency situations and to assist with sectionals as determined by the guest conductors.

Band Director Signature _____

Directors - please collect all permission / medical forms and forward to the District President by March 4.



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 _____