

**Ross County Honor Band Festival : Guest Conductor, Dr. Wendy Matthews, Kent State University
January 16th, January 22nd-23rd**

Chair Auditions:

High School students are seated by chair auditions. The auditions will be video recorded and submitted to each school band director **by midnight on January 12th**. Students complete a chair audition video by preparing the provided audition music, scales and/or rudiments. Students will audition on one instrument only, except in the case of flute players wishing to play piccolo. **Students are to turn in their signed permission form with their t-shirt size and payment to their school director prior to submitting their audition video.** The decision of the adjudicators will be final.

Student Responsibilities:

1. **Prior to chair auditions**, students should clear their participation with their home director.
2. As students will be excused from a day of school, each student should make certain he or she has an acceptable academic and attendance status.
3. Students are responsible to inform their teachers of their absence and obtain all assignments in advance.
4. Students are required to complete a chair audition and must be present at each rehearsal.
5. Prepare all musical selections to the best of your ability; before our guest conductor arrives.
6. Students are to conduct themselves in an exemplary manner at all times. Proper respect for the property of other students and that of Chillicothe High School is expected at all times. Students responsible for any damages will be billed for them. Attendance at all of the 3 rehearsals are mandatory. Potential conflicts should be discussed prior to auditions. Winter sports coaches should be made aware of your commitment to attend the honor band. There are no splitting practices allowed for the honor band since we have limited time to prepare. Missing or arriving late because of work would also be unexcused and grounds for dismissal of the group. Students who are dismissed from the group due to attendance problems will not receive a refund.

Fee:

Each student nominated by their director for participation will pay \$20 to their band director. The fee will cover costs of the guest director, music, 2 pizza dinners, and the T-shirt students will receive for their participation. Selected students who are not available for any reason, including sickness, or emergencies, will still be responsible to pay their fee. Any student who is significantly late or misses any day(s) of rehearsal not deemed appropriate by their director will not be permitted further participation in the honor band festival; rehearsals and/or performance. Please double check your calendar for dates such as the ACT tests, and sporting events, among others. It would be advantageous to contact the coach of your chosen winter sport, in order to get an idea of scheduling and to inform him or her in advance that you may be participating in the honor band festival, should you qualify.

Schedule:

Rehearsals: Tuesday, January 16th - 5:00-9:00 PM
 Monday, January 22nd - 5:00-9:00 PM
 Tuesday, January 23rd - 9:00 AM-2:00 PM

Performance: Tuesday, January 23rd - 7:00 PM

Transportation is on your own for evening practices and the concert.

Check with your director about transportation for the school day rehearsal on Tuesday, January 23rd.

Student Name _____ Grade _____ Adult T-Shirt Size _____ Instrument _____

School _____ Band Director _____

I (we) have read the above information and understand all responsibilities associated with membership in the Ross County Honor Band and agree to honor all those responsibilities.

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 and the Emergency Medical Form on the back to your director by Monday, January 8th, 2024.



OHIO MUSIC EDUCATION ASSOCIATION

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 _____

Video Submission Guidelines

- Use whatever video recording device you have at your disposal (video camera, phone, tablet, computer, etc.), but select a device that captures the highest quality audio.
- When positioning the camera, be sure that you and your instrument can be seen clearly in the video.
- Before recording, test the audio level and picture quality of both the device and microphone.
- The audition video recording is to be one continuous take, with no pauses or edits in any way.
- Begin the video with a short personal introduction. State:
 - Your first and last name
 - Your grade level (*e.g.* 9th grade, 10th grade)
 - Name of your high school
- Following your personal introduction, proceed to the scales (first) and excerpts, performing all of them in the order in which they appear. You may take some time between excerpts, but do not stop or pause the recording. Allow the recorder to capture the time you take between excerpts.

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