



# OCMEA

## COMMITMENT CONTRACT

(Must be filled out to receive an audition time)

Festival	
<input type="checkbox"/>	High School
<input type="checkbox"/>	Junior High
<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Jazz

I, \_\_\_\_\_ (student), would like to participate in the all-county music festival. I understand that if I am selected I must attend **ALL rehearsals in their entirety** and the concert, **including snow dates** as listed on the information sheet. I understand I must be a member in good standing of my school performing organization (if available) at the time of audition and the festival. This contract is a sign of my commitment to the all-county organization. I understand that any breach of this contract on my part will automatically disqualify me from any all-county participation this year and next year. I also understand that the concert performance will be professionally video recorded. The signatures below indicate my agreement to appear in the professional video recording of the all-county concert.

↙ (Student's signature) \_\_\_\_\_ Date \_\_\_\_\_

↙ (Parent/Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

I verify that the student named above is a member in good standing of the ensemble I direct, if applicable.  
I recommend/ I do not recommend (circle one) this student to audition for this year's all county ensemble.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_



## OCMEA

### All-County Music Festival Medical Form (Must be filled out to receive an audition time)

Student's Name \_\_\_\_\_ School District \_\_\_\_\_

Student's Address \_\_\_\_\_ Music Teacher's Name \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #1 Cell (\_\_\_\_) \_\_\_\_\_ Parent/Guardian #2 Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_

1. Is your child currently taking any medications? (Please List and Specify Need) \_\_\_\_\_

2. Will school personnel carry medications for your child? If so, please list. \_\_\_\_\_

3. Does your child have any known allergies? \_\_\_\_\_

4. Please list any other medical conditions or information that chaperones would need to be aware of: \_\_\_\_\_

I, \_\_\_\_\_ give this information to OCMEA for Emergency contact purposes only. In case of a medical emergency, my child's teacher and school have primary responsibilities. I understand that this document will be destroyed at the end of the All-County Music Festival.

↙ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_