

2017 MusicAlliance Summer Honor Band Permission & Medical Form

Please mail this form along with a check for \$98 (payable to MusicAlliance) to:
MusicAlliance, P.O. Box 1749, Mentor, OH 44061
as soon as possible (and by no later than June 7th)

Student Name: _____

Instrument: _____ School: _____ (2016-17) Grade: _____

Student's Date of Birth: _____ Known Allergies: _____

Known Medical Conditions: _____

Current Medications: _____

Will the child need to take this medication during rehearsal hours? _____

Physician Name: _____ Phone: _____

Emergency Contact Name: _____

Phone: _____ Relation to Student: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email Address that you wish Honor Band news and updates to be sent to: _____

Optional Secondary Email Address: _____

I, _____ Parent/Guardian of _____ hereby give my permission for my above-named child to participate in the 2017 MusicAlliance Summer Honor Band Program. I hereby give permission to the Summer Honor Band coordinators, directors, and instructors to seek emergency treatment for my child in the event that it is deemed necessary and I cannot be reached at the numbers listed above, and I agree to hold blameless the staff of the Summer Honor Band Program and MusicAlliance Inc (including it's board, directors, administrators, employees, and volunteers), the Diocese of Cleveland, and Magnificat High School in the event of injury or illness. I also hereby give permission to MusicAlliance to use anonymous (without my child's name or school name being listed) group photos/videos taken of my child while in attendance at the Summer Honor Band rehearsals and concert performances on the MusicAlliance website, MusicAlliance Facebook page, and/or in promotional materials for the purposes of illustrating and promoting the activities associated with the MusicAlliance Honor Band program.

Parent Signature: _____ Date: _____

Please mail this form along with a check for \$98 (payable to MusicAlliance) to:
MusicAlliance, P.O. Box 1749, Mentor, OH 44061
as soon as possible (and by no later than June 7th)

*IF YOU NEED A MAP TO THE REHEARSAL SITE, PLEASE VISIT
www.musicallianceinc.org/shbmap (or call us toll-free at 855-333-1357, extension 1, 2, or 3).*