

2023 MusicAlliance Jazz, Pop, & Rock Honor Band Program Permission and Medical Form

*If you have more than one child participating in the Jazz, Pop, & Rock Honor Band Program,
please fill out a separate form for each child.*

Student Name: _____

Instrument: _____ School: _____ Current 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: _____

Will this student be bringing an EpiPen to rehearsals? Yes No *If Yes, where will the EpiPen be kept? (i.e. in the student's instrument case, in their pocket, in a pouch/knapsack/backpack, etc.)*

Emergency Contact Name: _____

Phone: _____ Relation to Student: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email Address: _____

I, _____ Parent/Guardian of _____ hereby give my permission for my above-named child to participate in the 2023 MusicAlliance Jazz, Pop, & Rock (JPR) Honor Band Program. I hereby give permission to the 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 Jazz, Pop, & Rock Honor Band Program and MusicAlliance Inc (including its board, directors, administrators, employees, and volunteers), St. Robert & William School, the Diocese of Cleveland, and St. Joseph Academy in the event of injury or illness. I understand and agree that my child is not to attend JPR Honor Band Program activities if they are feeling ill or are experiencing COVID-19 related symptoms (such as fever, cough, shortness of breath, etc.) or if they have been in close contact with a confirmed case of COVID-19 within the 7 days prior to a JPR Honor Band Program rehearsal or concert. 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 JPR Honor Band rehearsals and concert performance 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 Programs.

Parent Signature: _____ Date: _____

**THIS COMPLETED FORM MUST BE BROUGHT TO THE FIRST REHEARSAL ALONG WITH A CHECK
FOR \$95 (PER PARTICIPATING CHILD) PAYABLE TO MUSICALLIANCE**