

# All Cape & Islands Student Information/Medical Form

Student's Name: \_\_\_\_\_ Grade: 9 10 11 12  
 Parent's Home/Cell Number(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent's Work Number: \_\_\_\_\_  
 Please check:  Male  Female  
 School Name: \_\_\_\_\_  
 Director Name: \_\_\_\_\_  
 Group: (please check one)  Band  Chorus  Orchestra  
 Voice Part: S  A  T  B  Height: \_\_\_\_\_

**Please return this  
completed form  
to your director  
no later than:**

\_\_\_\_\_

**FESTIVAL DATES: Thursday, January 30, 2020 - Saturday, February 1, 2020 @ Barnstable High School**  
**CONCERT DATE: Saturday, February 1, 2020 @ Barnstable High School Performing Arts Center**  
**SNOW DATE: Sunday, February 2, 2020 @ Barnstable High School Performing Arts Center**

**Requirements and Regulations for Participation:**

- Students that are accepted through the audition process are expected to participate in the festival. Students that fail to participate will be disallowed from auditioning in subsequent years.
- Students must attend **all rehearsals fully** in order to participate in the concert performance.
- Students will be musically prepared when they arrive at the festival and auditions.
- Students may not drive themselves to the audition, rehearsal or concert sites.
- Students are not allowed to use drugs, alcohol or tobacco.
- Students must be chaperoned by an authorized school staff member or principal-designated person at all times.

**Students, Please ask your director if you have any questions or concerns regarding these guidelines. Please sign below your acceptance of these guidelines: Student Commitment:** *I have read the information concerning the festival/audition and agree to follow these guidelines set forth. I realize any variance from the rules and regulations must be discussed immediately with my school's music director. If a problem cannot be resolved satisfactorily, I realize I will not be allowed to participate in the festival this year and may not be allowed to audition in subsequent years.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Authorization for a School representative to act on behalf of an absent parent or guardian:**

As the parent/guardian, I hereby delegate authority to the representative of the \_\_\_\_\_  
Student's School

Schools to act in my absence to ensure my son/daughter \_\_\_\_\_  
Student's Name (please print)

will receive medical treatment if the need arises. This authorization will be in effect from Jan. 30 through Feb. 3 as well as en route to Barnstable High School. If however, in the opinion of competent medical personnel, there is sufficient time and need to contact me, every effort will be made to do so.

Student's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Date of Most recent Tetanus Shot: \_\_\_\_\_ Meds Allowed: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_