



KMEA All-State Orchestras - Audition and Registration Form

February 4-7, 2015 Louisville, Kentucky

Return by, Wed. Sept 17  
to Mr. Kent

This form must be postmarked by October 1, 2014 or it will not be honored. Applications received without the audition fee will not be honored. Please include all audition fees on one check for the school when possible.

Please type into blanks before printing

Do Not Include  
Payment! Covered  
by orch. fee!

Instrument: Violin Viola Cello Double Bass

Student name: \_\_\_\_\_ Grade: 9 10 11 12

Address: \_\_\_\_\_ City: LEXINGTON KY

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School name: LAFAYETTE HIGH SCHOOL

Address: 401 REED LANE City: LEXINGTON KY

Zip: 40503 Phone: 859-381-3474 E-mail: PHIL.KENT@FAYETTE.KYSCHOOLS.US

Teacher: PHIL KENT Teacher signature: \_\_\_\_\_

Address: 401 REED LANE City: LEXINGTON KY

Zip: 40503 Phone: 859-381-3474 E-mail: PHIL.KENT@FAYETTE.KYSCHOOLS.US

Cell phone: SEE RECORDS

Preference of name to be printed in the All State Orchestra Program? \_\_\_\_\_

Please check your choice of audition site and date (auditions held during the afternoon)

- Louisville Ballard HS Saturday, October 25, 2014
- Lexington Bryan Station MS Sunday, October 26, 2014
- Owensboro Daviess Co. HS Sunday, October 26, 2014
- Paducah St. Mary Saturday, November 1, 2014
- Ashland Paul Blazer HS Sunday, November 2, 2014

(Teachers will be notified of the assigned audition times)

~~Please return the Audition Site Form to your ensemble director in addition to a \$5.00 audition fee per student prior to the postmarked date of October 1st to:~~

~~Kentucky Music Educators Association  
P.O. Box 1058  
Richmond, KY 40476-1058  
Make checks payable to: KMEA~~

Do Not Include Payment!  
Already taken care of by orch. fee!

~~Purchase order (include with this form)~~

~~Mastercard Visa Discover Check~~

~~Name on card \_\_\_\_\_ Card number \_\_\_\_\_~~

~~Expiration date \_\_\_\_\_ V-code (3 digits on back of card) \_\_\_\_\_ Signature \_\_\_\_\_~~

KEEP AN ADDITIONAL COPY FOR YOUR RECORDS

If you have any questions please contact KMEA, (859) 626-5635/john@kmea.org  
or Alexandra Howard (502) 485-8207/alexandra.howard@jefferson.kyschools.us

• Directors should mail all permission and medical forms to KMEA, P.O. Box 1058, Richmond, KY 40476-1058 •

Return by Wed, Sept 17  
to Mr. Kent

# PERMISSION FOR MEDICAL TREATMENT

**\*Include a copy or image of the insurance card\***

Include med card copy !!!

All-State (check one)  Band  Orchestra  Children's Chorus  Jr High Treble Chorus  
 Jazz Band  Chorus  Jr High Mixed Chorus

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

TO WHOM IT MAY CONCERN: I (we), the undersigned, being the parent, legal next-of-kin, or legal guardian of the above named person, hereby give my authorization for any necessary medical treatment for this person while participating in the Kentucky Music Educators Association All-State Bands, Orchestras or Choruses. I also guarantee payment of all charges incurred during this person's treatment (physician, hospital, X-ray, lab, drugs, ambulance, examination, etc.), minor surgery (hospital care, physicians, drugs, X-rays, lab, etc.), and/or hospital care as deemed necessary by a physician. I understand this consent is valid from February 4, 2015 to February 7, 2015.

I hereby entrust the care of above named person to the duly authorized representative of the Kentucky Music Educators Association or their school band, choral or orchestra director (adult).

**Note: Give following information for doctor to treat above person. Please be as accurate as possible and list everything.**

In regard to such person, I submit the following information: (Please type or print)

1 Allergies to foods, medications, etc. (If none, so state.) Additional space on back.

\_\_\_\_\_

2 Special medical problems. ((f none, so state.) Additional space on back.

\_\_\_\_\_

3 Does participant carry medications on person? (If none so state.) Additional space on back.

Medication \_\_\_\_\_ Purpose \_\_\_\_\_

4 Date of last Tetanus shot \_\_\_\_\_

5 Family physician: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

6 Medical insurance company (include a copy of the medical card) \_\_\_\_\_

Person carrying insurance: \_\_\_\_\_ Policy number \_\_\_\_\_

## PARENTS OR LEGAL REPRESENTATIVE'S SIGNATURE

*\*Please type or print\**

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Witness signature - Non-family member

\_\_\_\_\_  
Typed or printed parent/guardian name

\_\_\_\_\_  
Date signed

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father's (male guardian) telephone Day \_\_\_\_\_ Night \_\_\_\_\_

Mother's (female guardian) telephone Day \_\_\_\_\_ Night \_\_\_\_\_

Emergency telephone number \_\_\_\_\_ Relationship \_\_\_\_\_

High school \_\_\_\_\_ Director \_\_\_\_\_

School address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School telephone \_\_\_\_\_ Email \_\_\_\_\_

• Directors should mail all permission and medical forms to KMEA, P.O. Box 1058, Richmond, KY 40476-1058 •

• Directors should mail all permission and medical forms to KMEA, P.O. Box 1058, Richmond, KY 40476-1058 •

**KENTUCKY MUSIC EDUCATORS ASSOCIATION  
HIGH SCHOOL ALL-STATE ORGANIZATIONS REGULATIONS FOR PARTICIPATION**

*Return by Wed,  
Sept 17 to  
Mr. Kurt*

Dear Parents/Guardians:

We are pleased to announce that on the basis of his/her audition, your child may be selected to represent his/her high school in the 2015 Kentucky All-State Bands, Choruses, Jazz Band or Orchestras to be held in Louisville February 4-7, 2015.

Registration will be held at the following locations on Wednesday, February 4 between 12:00 p.m. and 4:30 p.m.

Bands and Orchestras: Galt House Archibald - Cochran

Choruses: Hyatt Regency Ballroom

The choruses will perform on Friday evening, February 6, in the KCA Whitney Hall. The jazz bands will also perform Friday evening in the Galt House Grand Ballroom. The orchestras and bands will perform in the KCA Whitney Hall Saturday afternoon, February 7.

Students will be housed for three evenings at either the Hyatt Regency Louisville or the Galt House.

Housing is

to be arranged with their choral band or orchestra director for the three night period. no exentions.

KMEA Board of Directors rules and regulations:	Penalties for violating rules and regulations:
1. Each school must be chaperoned by the high school band, chorus or orchestra director or a school	1. The school shall not be allowed to participate in All-State organizations at the KMEA In-Service Conference.
2. This form and the Permission for Medical Treatment MUST be submitted to the KMEA office with the participation fee. (Music will not be issued until KMEA has these forms.)	2. The student shall not be allowed to participate in All-State organizations at the KMEA In-Service Conference.
3. There is a 11:30 p.m. curfew for all students. This means the students must be in their own rooms. If students must be out after curfew, they must be accompanied by their director or school administrator and have the written permission	3. Rules will be enforced by the State Division Chair
4. Use of alcohol or drugs is prohibited.	4. The following penalties may be enforced for violation of rules 2, 3, 4, 5, and 6:
5. Promptness and attendance is required at rehearsals	<ul style="list-style-type: none"> <li>• Immediate dismissal from the All-State organizations at the parent's expense.</li> <li>• Those students will be denied access to any All-State organizations for the next school year.</li> <li>• Immediate notification to the high school director and principal.</li> </ul>
6. Students are expected to abide by the directions of	
7. The student must remain in "good standing" with	
<i>Appeals may be directed to a KMEA committee consisting of the State Division Chair, KMEA President and the KMEA President Elect.</i>	

This form should be discussed by students, parents, directors and school administrators to ensure that the terms of participation are understood. Copies of this signed agreement should be sent to the State Division Chair and parent. Directors should also keep a copy for their records.

By signing this form, parents acknowledge that photos taken at the All-State rehearsals and performances, which may include their child, may be used by KMEA for promotional purposes.

Student's name printed \_\_\_\_\_

Student's signature \_\_\_\_\_

Director's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Parent initial indicates interest in being contacted by Kentucky colleges and universities about scholarship and music department information. Parent initial _____  Mailing address (only needed if initialed above) _____  Parent's email (only needed if initialed above) _____  Year student will graduate from high school _____
---

*} optional*

• Directors should mail all permission and medical forms to KMEA, P.O. Box 1058, Richmond, KY 40476-1058 •