

All Cape & Islands Student Information/Medical Form

Updated: 10/18

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

If Chorus, Voice Part: ☐ S1 ☐ S2 ☐ A1 ☐ A2 ☐ T ☐ B Height: _____

Audition Date: Wednesday 11/14/18 at
Falmouth High School.

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

Concert Dress Code:

Black and White only, Solid Shirts

Men: Long Ties (no bow ties), black dress pants, black socks, dress shoes

Ladies: Black to the shoe (pants or skirt with black tights) Dress shoes.

All Cape & Islands Festival Information:

Audition Date	Nov. 14, 2018	Falmouth High School
Festival Dates	Jan 31 - Feb 2, 2019	Barnstable High School
Concert:	Feb 2, 2019	Barnstable HS Auditorium
Snow Date:	Feb. 3, 2019	Barnstable HS Auditorium

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

Parental 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 Feb. 2 through 5 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: _____