



## 2017 Honors Symphonic Band Permission Form

**IMPORTANT---Bring this completed form and your \$15 acceptance fee to the first rehearsal!**

**PRINT STUDENT NAME:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Instrument:** \_\_\_\_\_

**ATTENDANCE POLICY:** Students must attend all rehearsals in their entirety and the performance during the times indicated. Because there is limited rehearsal time for the high school instrumental ensembles, any absence may result in removal from the group. Removal from an ensemble will result in loss of CJMEA eligibility for the following year. Please check the dates and times listed before you apply.

**NOTE:** Students may not miss more than one rehearsal for any reason. In addition, they MUST attend the full dress rehearsal in order to participate. The only valid reason for a missed rehearsal is a concert with a school ensemble.

### Rehearsal Schedule

Friday January 6, 2017 - 6:00-9:00 PM

Saturday January 7, 2017 - 9:00 AM-1:00 PM

Friday January 13, 2017 - 6:00-9:00 PM

Friday January 20, 2017 - 6:00-9:00 PM DRESS REHEARSAL

Saturday January 21, 2017 - 4:00-5:30

Saturday January 21, 2017 - 4:00-5:30 rehearsal/pictures followed by dinner break and 8:00 pm CONCERT

**STUDENT ENDORSEMENT:** I agree to accept membership to the 2017 CJMEA Honors Symphonic Band. I understand that if I fail to attend rehearsals for any reason not accepted, in advance, by the CJMEA Committee that my membership in the ensemble may be terminated and that it may affect my future eligibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT ENDORSEMENT:** As parent or legal guardian of the above named student, I give permission for him/her to participate in the 2017 CJMEA Honors Symphonic Band. I understand that neither school nor sponsoring organization assumes responsibility for illness or accident. I further attest to the statement signed by child and will assist him/her in fulfilling the obligation incurred. I will encourage and assist my child in complying with the attendance policy as set forth in this document. I also give permission to CJMEA to use my child's photograph for publicity publication in print and online.

I hereby give permission for my son/daughter to participate in the Honors Symphonic Band of Central Jersey Music Educator's Association.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**DIRECTORS/ADMINISTRATIVE ENDORSEMENT:** I, the undersigned, recommend the above named student for participation in this CJMEA sponsored activity. He/she is a qualified candidate for this activity and is presently enrolled in the above named school. We understand the above named student meets the following criteria:

1. Is a member of the corresponding school musical performing organization and is enrolled at the school listed above.
2. A CJMEA honors symphonic band member must remain an active member, in good standing, of the school performing organization throughout the honors symphonic band experience. We understand that the music teacher sponsoring this student is a paid member of NAFME. We will use our influence to see that he/she adheres to the rules, regulations set forth by the performing groups.

Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** A student will not be excused for any types of performances other than one school performance with their school band program. All students who are accepted to the Honors Symphonic Band will be charged a \$15,00 acceptance fee, which must be paid in full at or before the first rehearsal. This fee will cover the increased costs involved in the purchase of music for the organization. All fees must be paid in cash or by a school or Director's check only. **No parent checks will be accepted.**