

DISTRICT & REGIONAL FESTIVALS STUDENT CODE OF CONDUCT AND RULES

By signing the student contract you have agreed to adhere to all rules and the student code of conduct. You also verify that you are a member, as determined by your director, of the same performing organization at your school. Any individual who disregards the Student Code of Conduct and Rules will be subject to disciplinary action and may be sent home from the festivals. Legal action may be taken if appropriate. Above all, the host director and all PMEA members want to ensure a musical, educational and enjoyable event. Your cooperation will help to achieve that goal.

CODE OF CONDUCT

1. Behavior and appearance should positively reflect you, your school and PMEA. You must adhere to all PMEA and host school rules.
2. While attending this PMEA Festival, you are not permitted to purchase, possess, consume or be under the influence of alcohol, drugs or any illegal substances. (except for authorized prescription drugs) at any time.
3. Conduct is the responsibility of each student. Use common sense and good judgment at all times.
4. If you are found responsible for stealing or vandalism, you and / or your parents will assume full financial responsibility.
5. Tobacco products are not allowed by law.
6. Any accidents, injuries or illnesses should be reported to the host director during the day and to your host family throughout the night.
7. You are required to be on time, and to remain, for all scheduled events during the festival.
8. Students may not leave assigned areas for the duration of the festival. Further, students MAY NOT leave the hotel building for any reason while they are scheduled to be at the hotel. Students are ONLY permitted to be in their assigned rooms at the hotel.
9. Possession of weapons is strictly prohibited
10. You are expected to be musically prepared and to accept the results of your audition(s) with grace and professionalism.
11. There can be no use of any device that can be perceived to give aid to a student once the audition process has begun. Students having these devices in their possession during the audition risk dismissal from the festival and forfeiture of advancement.
12. PMEA authorities may, without a search warrant, search students or protected student areas based on a reasonable and articulable suspicion that a PMEA policy, rule, regulation or law has been violated. The search is in a manner reasonable in scope to maintain order and discipline at PMEA festivals, promote the educational environment, and protect the safety and welfare of students. PMEA authorities may seize any illegal, unauthorized or contraband materials discovered in the search. Items of contraband may include, but are not limited to, nonprescription controlled substances, marijuana, cocaine, amphetamines, barbiturates, apparatus used for controlled substances, alcoholic beverages, tobacco, weapons, explosives, poisons and stolen property. Such items are not to be possessed by a student while they are at PMEA festivals. Possession of such items will be grounds for disciplinary action including expulsion from the festival and may be reported to local law enforcement officials.

Remember, the impression from this festival is the only one that others have of you, your school and PMEA.

Make it a positive one!

Revised July 2012



PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION FESTIVAL CONTRACT- STUDENT

Please **print or type** all sections on both sides of this CONTRACT
and return with MEDICAL FORM and PAYMENT to:

SECTION 1: To be completed and endorsed by student.

_____		_____		_____		_____	
Student Last Name		Student First Name		Instrument / Voice Part		Age	
_____		_____		_____		_____	
Grade	Sex	Height in Inches (choir only)		Home phone number		Email Address	
_____		_____		_____		_____	
Home Street Address (Apt. Number)		City		State		Zip Code	
_____		_____		_____		_____	
Name of School District		Name of High School		School Address		School Phone Number	

CONTRACT AGREEMENT:

I hereby acknowledge and accept the following rules regarding the PMEA Festival in which I am participating. I agree to abide by these rules and by all policies which have been adopted or which may be adopted in the future by PMEA regarding this event. I understand that PMEA has sole discretion to make all decisions, including but not limited to, decisions regarding disciplinary matters and the final approval of students selected to perform. I also agree to:

1. Prepare assigned music prior to arriving at the Festival.
2. Conduct myself courteously and appropriately at all times.
3. Abide by the Student Code of Conduct and Rules.
4. Neither use nor have in my possession at any time alcoholic beverages, illegal drugs or substances.
5. Not to possess or use any tobacco products during the entire festival beginning with on-site registration and concluding with the concert.
6. Not participate in pranks or vandalism of any kind. (If I damage any property, my parents and/or I will assume full financial responsibility).
7. Abide by all decisions made by appropriate PMEA officials and obey all regulations listed above as well as any other regulations which may be implemented in the future by the host director or other administrative official.
8. Wear proper identification badge at all times.
9. Cooperate fully with host director & all PMEA officials.
10. Protect and promptly return all music materials after the concert, if requested.
11. Attend all rehearsals and concert(s) on time. (Students should not apply to participate in festivals if, for any reason, including religious activities, they plan to miss part of the affair. A student must participate in the complete festival program commencing with registration and concluding with the final concert, except in case of illness that must be verified in writing by a physician within 5 days of the festival. Students must rehearse and perform all musical compositions selected for the concert.)
12. There can be no use of any device that can be perceived to give aid to a student once the audition process has begun. Students having these devices in their possession during the audition risk dismissal from the festival and forfeiture of advancement.
13. PMEA authorities may, without a search warrant, search students or protected student areas based on a reasonable and articulable suspicion that a PMEA policy, rule, regulation or law has been violated. The search is in a manner reasonable in scope to maintain order and discipline at PMEA festivals, promote the educational environment, and protect the safety and welfare of students. PMEA authorities may seize any illegal, unauthorized or contraband materials discovered in the search. Items of contraband may include, but are not limited to, nonprescription controlled substances, marijuana, cocaine, amphetamines, barbiturates, apparatus used for controlled substances, alcoholic beverages, tobacco, weapons, explosives, poisons and stolen property. Such items are not to be possessed by a student while they are at PMEA festivals. Possession of such items will be grounds for disciplinary action including expulsion from the festival and may be reported to local law enforcement officials.

In signing this contract, I understand that membership in any PMEA Festival is a privilege and that membership may be forfeited if I fail to follow any of the above rules. I understand that violation of the above rules will give administrative officials the right to exclude me from participation. If such violation(s) occur, I understand that my parents/guardian will be immediately notified, and that they will be expected to provide my immediate transportation home.

_____	_____
Student Signature	Date

SECTION 2: To be completed and endorsed by parent or guardian.

I have read this official PMEA Festival document, discussed its contents with my son/daughter, agree to its contents, and agree to support its enforcement. I understand that the school will arrange transportation with my cooperation and understanding to the festival. (Students are not permitted to drive during a PMEA Festival) I also understand that my son/ daughter will be housed with a host family or in a hotel while a participant in the PMEA Festival. My son/daughter has my permission to participate and I understand that his/her participation in this festival is solely at his/her own wish and that I will not hold PMEA and its officers, directors, employees or volunteer officials responsible for any injuries or damage my son/daughter may suffer in any way related to this event.

Parent/Guardian Printed Name Home Phone Work Phone

Parent/Guardian Signature Date

SECTION 3: To be completed and endorsed by School Personnel

Student Name School Phone Number

We, the undersigned, have read this official PMEA Festival document, discussed its contents with the student and agree to support its enforcement. We verify that the student whose name appears on this contract is a member, as determined his/her director, of the same performing organization at his/her home school. We understand that the school will arrange transportation with parent/s/guardian's cooperation and understanding to this event. (Students are not permitted to drive during a PMEA Festival) We endorse this student as an outstanding musician and student worthy of PMEA Festival Membership. We will assist him/her in preparing the music selected for the program.

Music Teacher Printed Name NAFME/PMEA I.D. Number Expiration Date

Music Teacher Signature Date

School Principal Signature Date

Please list below the name and title of the PMEA member/director from your school district who will be attending this PMEA Festival and will assume responsibility for this student and accompany the student to the On-Site Registration and serve on the Audition Committee. Every student is required to have a PMEA Member accompany him/her to registration.

Name Title

Cell Phone Email address Home phone

SECTION 4: To be completed and endorsed by parent or guardian and student

If selected to advance to the next festival level _____
(Name of festival Date Location)

(Student's Name) **WILL** **WILL NOT** **attend.**)

(Parent or Guardian's Signature)

IF student is a member of Tri-M, please give Chapter name and number _____

Return both sides of this CONTRACT, MEDICAL FORM and PAYMENT to:
PMEA Host Director: _____ **Deadline:** _____

Revised July 2014

STUDENT MEDICAL INFORMATION FORM
PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION

Student Name _____ Date _____
Sex _____ Age _____ Date of birth _____ Grade _____

Home Address: _____
Street _____
City, State, Zip Code _____
Area Code/Phone number _____

Director's Name _____ School _____

Father's Full Name _____
Work Phone _____ Hours _____

Mother's Full Name _____
Work Phone _____ Hours _____

Stepparent/Guardian's Full Name _____
Work Phone _____ Hours _____

Is the student currently under medical treatment? YES NO
If yes, give the nature of the treatment and the doctor's name and phone number:

Is the student currently taking any medications? YES NO
If yes, will the student require medications during the festival? YES NO

If yes, a separate medication administration form will need to be completed for each medication, including parent/guardian permission and licensed prescriber signature (see attached).

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

Is your child allergic? YES NO If yes, please list all allergies: _____

If yes, have any of these allergies caused an anaphylactic reaction? YES NO

If your child has special dietary needs, please complete a Student Special Dietary Needs Request and return it with this form.

Date of last tetanus shot: _____

Name of health insurance: _____

Address _____ Phone _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group# _____

OVER

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
FIRST AID/EMERGENCY TREATMENT
AUTHORIZATION**

If the school or festival host cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name _____ Relationship to Child _____
Address _____ Phone _____
Name _____ Relationship to Child _____
Address _____ Phone _____

If EMERGENCY TREATMENT is required, school authorities, festival host, or designee will use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached.

Name of preferred hospital _____
Name of preferred doctor _____

If your child needs to be given medication during school hours, a separate Medication Administration Record form for each medication to be administered must be completed.

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's music director/or festival host director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless Pennsylvania Music Educators Association, the host school district, and any registered nurse employed by PMEA, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at a PMEA-sponsored musical program or festival, including practice sessions.

Signature of parent or guardian (required) Date

This medical form will be provided to the host family and/or nurse on call.

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

Should any information change throughout the initial PMEA application process, a new form must be secured online, updated and given to the PMEA Music Director.

Revised August 2014

A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student.

MEDICATION ADMINISTRATION RECORD

Student: _____ DOB: _____

Licensed Prescriber Name/Phone/Address:

Licensed Prescriber Signature:

Medication/Dose/Route/Time(s) to Administer:

I give permission for the Nurse to give the above medication to my student.

Signature Parent/Guardian

Date

Date/Time				

Initials

Name

CODES

W: Dose Withheld (Chart
reason in student log)



Student Special Dietary Needs Request

Specific PMEA festival event:

FESTIVAL NAME _____

FESTIVAL DATE(S) _____

Name of Student _____

Student's Home School _____

Emergency Contact Name during the Festival _____

Emergency Contact Phone Number during the Festival (include Area Code) _____

PARENT'S SIGNATURE _____

My child requires the following Dietary considerations .Please CHECK (X) those which apply. Add any additional information that would help the host.

Vegetarian (can eat dairy products)

Vegan (no dairy products)

Gluten-Free

Kosher

FOOD ALLERGIES-(Please be SPECIFIC when listing below). i.e. NUTS, FISH, FRUITS, PEANUT BUTTER

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Additional Information:

Please return this form, along with the Student Medical Form, to the Festival Host.