

THIS IS NOT AN OFFICIAL ACCEPTANCE FORM. DO NOT MAIL.
THIS IS FOR INFORMATION GATHERING PURPOSES ONLY.

Your name as you want it to appear in the All-State Program:

Your email address (please provide only one):

Your street mailing address or PO Box:

Your City/State/Zip mailing address:

Your home phone number:

Your date of birth in the format YYYY/MM/DD:

Your gender:

Your year of graduation:

Your supervising music teacher (the adult who will accompany you to All-State):

Your supervising music teacher's email (please provide only one):

Your parent(s) or guardian(s) full names:

Your parent(s) or guardian(s) email (please provide only one):

Your height in inches:

When my voice part splits I:

Are you a member of the Tri-M Music Honor Society?:

My parent(s) or guardian(s) authorize my appearance in the AUDIO, VIDEO, PHOTO, and other MEDIA components of the All-State Music Festival:

I decline Acceptance because:

In the event of a medical emergency when the parents cannot be reached at the home phone listed above, please list up to three alternate numbers for parents or other contacts emergency contacts:

	PHONE	NAME	RELATIONSHIP
1:			
2:			
3:			

Do you have asthma?:

Please list asthma medications, amount taken, and times taken:

Do you have diabetes?:

Do you control diabetes with insulin?:

Do you control diabetes with diet?:

Do you control diabetes with oral medication?:

Please list diabetes medications, amount taken, and times taken:

Do you have seizures?:

Please list seizure medications, amount taken, and times taken:

Do you have a cardiac condition?:

Please specify cardiac condition:

Please specify cardiac limitations:

Please specify any other medical concerns, disabilities, accommodations, medications, allergies, etc:

Please specify any dietary restrictions:

Please specify any other medications, amount taken, and times taken, and reasons:

Parents will authorize "over the counter" medication (e.g. cough, cold, headache relief) administered by a health professional?