

Student Name: _____ **School Name:** _____ **Student ID #** _____

All-State Ensemble (STUDENT - check correct ensemble): **BAND** **CHORUS** **JAZZ BAND** **ORCHESTRA**

Grade: _____ **List Voice Part or Instrument (e.g., Soprano II / Tenor Saxophone / Violin):** _____

Director's Name: _____ **Director's Email:** _____

Director's Cell Phone: _____ **School Telephone:** _____ **School Fax:** _____

STUDENTS: Return both pages of the signed contract to your director. Your director will forward all contracts to Doug Bogatz, NMEA Auditions Director.

DIRECTORS: Make sure your students receive this contract ASAP. It is available to directors on the NMEA website and can be downloaded there. Collect the completed forms (be sure to complete school and director information) and **postmarked by November 4, 2024.**

PARENTS OR LEGAL GUARDIANS: Please complete all SEVEN sections of this form. Sections 1 and 5 must be signed by the student participating in All-State. Parents or legal guardians must complete sections 2, 3 and 4. Section 2 must be signed in the presence of a notary public. Sections 6 and 7 are optional. **Please return the completed form to the music director at your school as soon as possible or no later than November 4.**

1. PARTICIPANT CONTRACT - NMEA ALL-STATE

I hereby acknowledge and accept the following rules. I agree to abide by these rules and by all other policies which have been adopted, or which may be adopted in the future by NMEA regarding this event. I also promise that I will:

- Learn and protect all music and promptly return all music and materials after the concert upon request. (Students are responsible for all fines or late fees for music that is not returned immediately after the concert.)²⁰
- Attend all rehearsals and concerts on time. Any failure to attend a rehearsal will constitute grounds for exclusion from further participation.
- Cooperate fully with guest conductors, chaperones, counselors and all NMEA administrative officials.
- Not use nor have in my possession at any time alcoholic beverages, tobacco products or illegal drugs.
- Not participate in pranks or vandalism of any kind. If I damage any property my parents/guardians and/or I will assume full financial responsibility.
- Abide by all schedule requirements including evening curfew times.
- Wear proper identification at all times and conduct myself courteously and appropriately at all times.
- Notify the group manager as soon as possible if I am compelled to withdraw from the group for any reason.
- Abide by all decisions made by appropriate officials and obey all regulations which may be implemented in the future by the group manager or by any other administrative official.

I understand that membership in the All-State Band, Orchestra, Jazz Band, and Chorus is a privilege and that membership will be forfeited if I fail to comply with any of the above rules. I further understand that administrative officials have the right to exclude me from participation for failure to abide by rules listed above, as well as the failure to attend one or more rehearsals. If I am excluded, I will be asked to return home, my parents/guardians and school officials will be notified, and my parents/guardians will be asked to provide immediate transportation home.

SIGNATURE OF STUDENT _____ **DATE** _____

2. DELEGATION OF PARENTAL OR LEGAL GUARDIAN AUTHORITY FOR MEDICAL TREATMENT - NMEA ALL-STATE

State of Nebraska)
County of _____) SS.

The undersigned parents or legal guardians do hereby delegate their power regarding care and custody of their minor child(ren) _____ to the Nebraska Music Education Association President or Director of my child's ensemble and do hereby appoint such individual as their attorney in fact for exercise of such powers. Such delegation shall include, but not be limited to, the power to give medical consents for medical procedures. This delegation of power shall be on November 20, 2024. This delegation of power is pursuant to Section 30-2604 of the Nebraska Probate Code.

We further authorize and request any physician, health care professional, health care provider, and medical care facility to provide to the above designated individual(s) information relating to the physical and mental condition and the diagnosis, prognosis, care, and treatment thereof of the above designated minor child(ren) upon the request of the above designated individual(s). In addition to our inherent right to grant this authority as a parent or legal guardian, it is our intent by this authorization for the designated individual(s) to be considered a personal representative under privacy regulations related to protected health information and for the designated individual(s) to be entitled to all health information in the same manner as if we personally were making the request. This authorization and request shall also be considered a consent to the release of such information under current laws, rules, and regulations as well as under future laws, rules, and regulations and amendments to such laws, rules, and regulations to include but not be limited to the express grant of authority to personal representatives as provided to Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as HIPAA. We understand when information is used or disclosed pursuant to this authorization it may be subject to re-disclosure and may no longer be protected by privacy rules.

Daytime Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Allergic Reactions: _____

Medications presently being taken: _____

Signature of Parent or Legal Guardian: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____ either personally known to me or identified by me through satisfactory evidence as required by law.

Notary Public _____

3. IMAGE CONSENT AND RELEASE FORM - NMEA ALL-STATE

As the parent or legal guardian of the minor child named above, I hereby irrevocably consent to, authorize and grant Nebraska Music Education Association, a Nebraska non-profit corporation, its successors and assigns (the "Association"), the right to use, prepare, and reproduce images that have been taken of my child during their time at All-State in any digital, video, broadcast, photographic and/or other audio/visual formats ("Images"), and thereafter distribute, and publicly display for commercial or non-commercial purposes in any medium of communication now known or later developed, including, but not limited to, Websites, catalogs, posters, magazine or newspaper publications, videos, broadcasts, CD-ROMs, brochures, and/or marketing materials without compensation to me. I acknowledge that the Association is under no obligation to use any images. I hereby waive any right that I may have to inspect or approve the Images or the use to which they may be applied. I hereby fully release and discharge the Association from any and all claims and demands arising out of or in connection with the use of the Images, including any and all claims for libel or invasion of privacy. I agree that the recordings taken of my child in any format(s), and any resulting reproductions shall constitute the Association's sole property, to copyright and/or broadcast in its own name and with full right of disposition in any manner whatsoever. I agree that there are to be no fees, commissions or royalties paid to me for the use of the Images.

I have read the above authorization and release (the "Release") prior to its execution, and I am fully familiar with the contents thereof. This Release shall be binding upon me and my heirs, legal representatives, successors and assigns.

Dated this _____ day of _____, 20_____ Parent or Legal Guardian - PRINT NAME _____

Parent or Legal Guardian Signature: _____ Relationship to Child: _____

PARENTS OR LEGAL GUARDIANS: NMEA contracts vendors to photograph the ensembles and videotape the entire All-State Final Concerts. In order for your child to participate in this All-State Ensemble, this Image Release must be signed. Video or audio recording of rehearsals or final concerts is expressly prohibited except for NMEA authorized personnel.

4. CONSENT FOR RELEASE OF HOME MAILING ADDRESS - NMEA ALL-STATE

NMEA hopes that All-State students continue making music while they are in college. This section gives NMEA permission to forward your student's email and home mailing address to the music department of area colleges and universities. Those schools may email or mail information about their music programs and scholarship opportunities. NMEA will not share your contact information with any organization other than a college or university music department. Please check one option below:

- Yes - NMEA has my permission to share my home address with college/university music departments
- No - NMEA may not share my home address with college/university music departments

Parent or Legal Guardian Signature: _____

5. NMEA ALL-STATE REHEARSAL ATTENDANCE POLICY

Students participating in NMEA All-State ensembles are expected to attend and participate in all scheduled rehearsals and the final concert performance. Absences from any rehearsals because of an emergency reason will be considered on an individual basis to be determined by the respective clinic group Chairman and the NMEA President. **No one will be allowed to miss more than one rehearsal for any reason as outlined above. Any student(s) in violation of this policy will be dismissed from the clinic group and will not be allowed to perform in the final concert.**

NOTE: It is expected that all students actively participate in rehearsals. If a student cannot participate in a rehearsal due to illness it is considered a missed rehearsal. Regardless if students stay in their own homes or a hotel, it is the director's responsibility to get their students to All-State rehearsals on time. NMEA will not be responsible for contacting any students absent from rehearsal.

PLEASE BE AWARE THAT...

- Any student who is a member of an ensemble performing as an "NMEA Performance Group" during the conference/clinic may be excused from All-State rehearsal 30 minutes prior to the start of the performance. The student is expected to return to the All-State rehearsal immediately after the performance if the All-State rehearsal is still in progress.
- Any student who is a member of an ensemble performing as a demonstration group during the conference/clinic may be excused from All-State rehearsal 15 minutes prior to the start of the performance. The student is expected to return to the All-State rehearsal immediately after the performance if the All-State rehearsal is still in progress.

SIGNATURE OF STUDENT _____ DATE _____

6. UNIVERSITY OF NEBRASKA-LINCOLN YOUTH SAFETY POLICY

NMEA (Nebraska Music Education Association, P.O. Box 576, Boystown, NE 68010, Phone: 402.937.3359) complies with the UNL Youth Safety Policy which is on record at <http://police.unl.edu/campus-youth-activity-safety-policy>. I understand the NMEA complies with the UNL Youth Safety Policy.

SIGNATURE OF STUDENT _____ DATE _____

7. ALL-NATIONAL ENSEMBLE CONSENT (Optional) – FOR CURRENT SOPHOMORES AND JUNIORS ONLY:

The NafME National Executive Board has decided to pause the All-National Ensembles program for the 2024-2025 school year. No All-State participants will be considered at this time.

DID YOU: Make a copy for your records? Read both pages of this contract? Complete all SEVEN* parts of this contract?

* 1) Participant Contract; 2) Consent for Medical Treatment; 3) Image Consent & Release Form; 4) Consent to Release Home Address; 5) All-State Rehearsal Attendance Policy; 6) UNL Youth Safety Policy Notice; 7) All-National Ensemble Consent

**Return both pages of the signed, notarized contract to your director.
NO EMAILED CONTRACTS WILL BE ACCEPTED.
Your director will mail all hardcopy contracts in one mailing to:**

**Westview High School, Attn: Doug Bogatz
15800 Summit Plaza
Bennington, NE 68007**