



South Central District Honors Band Clinic

January 28th - 29th, 2022
Gaston County, North Carolina

within the Gaston County area. A list is included with this information packet.

PERMISSION FORM

I hereby certify that my student _____, has my permission to attend the South Central District Band Association's All-District Band Clinic at Stuart W. Cramer High School/South Point High School/Forestview High School January 28th-29th, 2022. I further certify that my son/daughter will attend all of the rehearsals and the concert according to the following schedule:

Friday, January 28th:

See Schedule Attached

Saturday, January 29th:

See Schedule Attached

I understand that my student must follow standard rules of behavior, consistent with the policies of my home school district (no possession or use of alcohol, narcotics, weapons, etc.). I further understand that behavior that is detrimental to the rehearsal process may result in the student's dismissal from the clinic.

I understand that my student will be required to wear a mask at all times while inside a building, during the entirety of the clinic. Performer masks for all students and bell covers for all brass players will be provided by the South Central District and must be used during all rehearsals and during their performance. These items will also be collected at the conclusion of the clinic weekend.

I understand that all patrons who attend concerts on Saturday at Stuart W. Cramer High School are required to wear a mask while inside the building and for the entirety of the concert.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Director: Please copy for **each** student participating at the clinic. Turn in at registration desk on Jan. 28th.



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MEDICAL RELEASE FORM

I, parent of guardian of _____, give my permission to the President of NCBA-South Central District, or his/her designee, to act as guardian in the event of an accident involving my child and I am not able to be contacted. Also, in the event of an emergency, he/she has my permission to consent to any attending physician to administer to my child any medications or perform any treatments that he/she deems necessary for the proper care and well-being of my child.

In consideration for the services performed by NCBA-South Central District and the officers, members and agents of NCBA-South Central District while facilitating the *All-District Band Clinic*, the aforementioned parties are herewith released from liability for all actions taken in good faith during the clinic.

Student: _____ School: _____

Parent/Guardian: _____ Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Parent/Guardian signature: _____ Date: _____

Please list any medications your child is taking or conditions of your child: _____

PHOTOGRAPHY RELEASE FORM

Dear Parent/Legal Guardian,

The South Central District of the North Carolina Bandmasters Association conducts the All-District Band Clinic in which students are sometimes photographed or videotaped. We are requesting to use these images on our website: www.scdba.net or in promotional publications. No last names will be used in these publications. If you would give such permission, please fill out the form below. Likewise, if you do not consent, we ask that you mark the appropriate statement below and return with the medical release form.

Name: _____ School: _____

Band Director: _____

I am the parent/legal guardian of the child above. I agree to the following:

I **DO** give permission for your to include my child's image on film, videotape, or website as he or she participates in the All-District Band Clinic and NC All-State Honors Band Clinic. No last names will appear on any materials submitted by the teacher.

I **DO NOT** give permission for you to include my child's image on film, videotape, or website as he or she participates in All-District Band Clinic and All-State Honors Band Clinic.

Signature of parent/legal guardian _____

Date _____

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