



# UMASS LOWELL's New England Youth Wind Ensemble

(978) 934-4133

Deb Huber, Director

35 Wilder St. Suite 3 Lowell MA 01854

## MEDICAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (Name & Phone): \_\_\_\_\_

### To be completed and signed by all students and by parents/guardians of students

I certify that \_\_\_\_\_ is able to participate, and that there is no objection to his or her participation, in the New England Youth Wind Ensemble and/or Junior Wind Ensemble (NEYWE), or any of the activities therein contained. Furthermore, in consideration of my child's being permitted to participate in the UMass Lowell's NEYWE programs, I agree, on behalf of my child, myself, my family, heirs and personal representatives to assume all risks and responsibilities surrounding my / my child's participation in UMass Lowell's New England Youth Wind Ensemble and/or Junior Wind Ensemble program. To the maximum extent permitted by law, I release and indemnify the University of Massachusetts Lowell, its Board of trustees and their officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or my child may be liable to any other person, during my / my child's participation in UMass Lowell's New England Youth Wind Ensemble and/or Junior Wind Ensemble program- held at the University from Monday January 25 through May 12, 2010.

In the event that it becomes necessary to seek medical attention or to go to a hospital, you have my permission to seek such help as may be determined necessary by the Director or the Program Staff. A child taken to the hospital will necessitate parents/legal guardians attendance at the hospital at the earliest possible time.

Emergency Care Providers require the following information. All information provided shall be held in confidence and maintained by the Director and Assistant Directors.

My / Our Medical Plan is: \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

The Policy Holder is: \_\_\_\_\_ Employer of Policy Holder: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Primary Care Phone: (\_\_\_\_) \_\_\_\_\_

Location of Primary Care Doctor: \_\_\_\_\_ No Medical Insurance: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please list ALL of the following: *Current Medical Conditions, Allergies, Current Medications, for what purpose is medication being taken, any physical limitations* that would prevent you from participating fully in UMass Lowell's New England Youth Wind Ensemble/Junior Wind Ensemble. Please be specific. Please attach any necessary information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM, COMPLETED IN FULL, BY JANUARY 15, 2010 TO THE ADDRESS ABOVE**



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Deb Huber, Director

35 Wilder St. Suite 3 Lowell MA 01854

## REGISTRATION FORM – Enrollment Closes on January 15, 2010

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Student Email address: \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_

Instrument: \_\_\_\_\_ Seating placement: select date: Jan 13 Wed.  or Jan 14 Thurs

All students will be listened to for seating placement purposes. Director will confirm time by email.

### Enrollment Costs:

\$25.00	Registration Fee (non-refundable)
<u>\$125.00</u>	Tuition
\$150.00	TOTAL COST

Office only:	
Check# _____	Rec'd _____
Check# _____	Rec'd _____

Please make Check or Money Order payable to: *UMass Lowell*

Credit Card Type: \_\_\_\_ MC \_\_\_\_ Visa

Credit Card Number# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ 3-digit Security code \_\_\_\_\_

In order to reserve an opening for a student, this form and *Medical Form* must be signed and accompanied by the non-refundable registration fee of \$25.00.

### District Information

What Music District are you in? \_\_\_\_ Northeastern \_\_\_\_ Eastern \_\_\_\_ Central \_\_\_\_ Western \_\_\_\_ Southern

I auditioned and was accepted in: \_\_\_\_ Junior District \_\_\_\_ Senior District \_\_\_\_ All-State

### Scholarship Information and Requirements

1. Students will be considered for scholarships at their audition. To be considered, a solo piece that is at the junior district/district level must be performed well. Submissions that are not solo pieces will not be considered for scholarship.

(Please check your Jr. District, Sr. District or All-State audition pieces for examples.)

Two excerpts (3-5 minutes total) – fast to demonstrate technical skill & slow demonstrating tone quality & expression

2. Duplicate copy of the piece performed (1 copy) for adjudicators– Do not bring originals because they will not be returned.

I certify that \_\_\_\_\_ understands that UMass Lowell's New England Youth Wind Ensemble/Junior Wind Ensemble program has my (participant) permission to use any and all audio and video recordings of me for the purpose of publicity, promotion or education.

I agree to comply with the behavioral standards of UMass Lowell / UMass Lowell New England Wind Ensembles, and respect the underlying assumptions and principals upon which they are based. The Director reserves the right to dismiss a student from the program, without the possibility of a refund, for failure to comply with the above mentioned guidelines.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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