

**MMEA ALL-STATE CONCERT BAND FEBRUARY 12-13, 2010
REGISTRATION AND PARENT PERMISSION FORM**

STUDENT NAME _____

HOME ADDRESS _____
street city zip code

HOME PHONE () _____ CELL PHONE () _____

YOUR INSTRUMENT _____

Please indicate below where you will be staying on the night of Friday, February 12, 2010 during the MMEA All-State Concert Band rehearsals/performance.

_____ I will be staying at my home address listed above.

_____ I will be staying at the Hilton Minneapolis. I have already made my reservations and understand that all hotel and meal expenses are my responsibility. In addition, I will be rooming with:

If you are staying at the hotel, indicate who will be responsible (parent, guardian or director) for you while not under MMEA supervision:

_____	_____
Name	Relationship to student

_____ I will be staying at the home of a friend. The address is:

Name of Friend (or relative): _____

Address _____
street city zip code

Phone () _____

The undersigned certifies that the information provided above is correct, and that the undersigned has the legal authority to permit the student to attend All-State and engage in all activities. We have read, and understand, all of the enclosed information regarding the rehearsals and performance of the MMEA All-State Concert Band on February 12-13, 2010. We understand that supervision will be provided during all rehearsals and during the performance at Orchestra Hall. **WE ALSO UNDERSTAND THAT NO OTHER SUPERVISION WILL BE PROVIDED AT ANY OTHER TIME DURING THE WEEKEND.**

We hereby consent to our son/daughter participating in the All-State Concert Band. In consideration of our son/daughter being permitted to participate in the All-State Concert Band we hereby release MMEA and the accompanying teacher/chaperone(s), and each of them, from all liability for any and all loss or damage on account of injury to person or property while our son/daughter is participating in the All-State Concert Band. We agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota, and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full force and effect.

Parent/Guardian Signature _____ Date _____ Student Signature _____

RETURN THIS FORM, ALONG WITH A \$10 CHECK FOR THE FRIDAY SUPPER MEAL, TO MMEA BY JANUARY 25.

Minnesota Music Educators Association
 6860 Shingle Creek Parkway, Suite 103
 Brooklyn Center, MN 55430