

Office of Fine Arts – Music

5451 Beaverkill Road = Columbia, MD 21044 = 410-313-6885 = www.hcpss.org

**– REGISTRATION FORM DUE September 10th –
School Year 2021-22
(Please Print All Information Legibly)**

Student Name: _____ School _____

Voice Part including part: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Home Address: _____

Student Email Address (*print clearly*): _____

Student Cell Phone : _____

(texting will be our main form of communication - PLEASE WRITE CLEARLY)

Emergency Contact Name and Phone: _____

Medical Concerns: _____

Allergies: _____

Please have student initial:

____ I understand that I am making a primary commitment to **attend all rehearsals and the concert for their full duration. Tardiness will not be tolerated.**

____ I understand that I am responsible for preparing music at home in addition to our regular rehearsal. **I also understand that failure to do so will result in my dismissal from the ensemble.**

____ I understand that I must be present at the **Saturday Nov. 6 and Sunday Nov. 7** dress rehearsals **IN THEIR ENTIRETY** to be permitted to participate in the Concert.

____ I understand that I will only be granted **one excused absence** at the discretion of the coordinators. Any and all absences must be cleared with the coordinators at least one week prior to the absence.

____ I understand that parents/guardians will be responsible for transportation to and from all rehearsals/performances and that **I must be at rehearsals on time and picked up on time.**

____ I understand that the HCPSS Code of Conduct is in effect at all times and the Directors have the right to dismiss me at their discretion.

____ I understand that all rehearsals will follow CDC/HCPSS policies for Covid-19 and that those policies may change over the next six months.

Student Signature _____

Parent Signature _____

Students selected will pay a \$100 non-refundable fee to cover costs of the music and accompanist.