



*North Dakota National Band Association*

**NDNBA Junior High All-State Band  
Medical Release Form**

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Band Teacher \_\_\_\_\_

If applicable: Person (other than parent) responsible for my child during the All-State Band Festival and Concert \_\_\_\_\_ phone number \_\_\_\_\_

**By signing this form, I agree that my child must attend all rehearsals/activities involved with the 2024 NDNBA JH ALL-STATE BAND FESTIVAL.**

**Consent for Medical Treatment:**

If your child should need medical attention during the time of the All-State Band rehearsals or performance, the NDNBA Leadership will make every effort to contact the parent or guardian for directions as to that care. In case of a medical emergency, I hereby authorize the NDNBA Leadership to obtain urgent emergency medical care for my child during the All-State Band activities (March 8-9, 2024)

I understand that I will be responsible for the payment of any medical expenses incurred by my child during the All-State and activities.

Emergency Contact Name and Phone \_\_\_\_\_

Special medical needs or dietary concerns \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Please complete this form, return to your band director.

**Directors: Please mail all completed registration forms and registration fee (one check) to Beanie Stotts 1717 40<sup>th</sup> Ave So Fargo, ND 58104 no later than February 29, 2024. You are subject to a late fee if all medical release forms/fees are not received by February 29, 2024.**