

TFME

BRING THIS FORM WITH YOU TO THE CONVENTION



STUDENT CODE OF CONDUCT

IMPORTANT: NO STUDENT WILL BE ALLOWED TO AUDITION OR PARTICIPATE AT THE CLINIC/CONVENTION WITHOUT THIS FORM.

1. Students must carry a copy of this contract with them at all times **when outside their hotel rooms** during the TMEA Clinic/Convention.
2. When outside the hotel rooms, students must wear their TMEA badges. (The badge must have the student's designated chaperon's name and room number on the back).
3. Students must remain reasonably quiet at all times in the hotel. TVs, radios and CD players must be played with volume at low levels.
4. There shall be no defacing of hotel or convention property. Any damages to the property or furnishings in the hotel rooms or convention buildings must be paid for by the individuals responsible.
5. Hotel room doors should be locked at all times.
6. Boys are not allowed to visit girls' rooms; girls are not allowed to visit boys' rooms. If it is necessary to make an exception, **a chaperon must be present.**
7. Curfew for **all** students is midnight. The curfew means that students must be in their rooms and not leave them after this time. This curfew is in force Wednesday through Saturday night.
8. Students who are 16 and younger must be accompanied by a chaperon after 10:30 P.M. on Wednesday and Thursday during the Convention due to a San Antonio city ordinance.
9. Possession or use of alcoholic beverages or controlled substances (drugs or illegal materials) will not be tolerated.
10. No practicing or playing instruments in the hotel after 6 P.M.
11. Students may not audition for a university, conservatory or summer camp during the TMEA Convention.
12. The member sponsor shall be responsible for enforcing local district overnight travel policy.

It is understood by students and parents that any infraction of the above rules of conduct or involvement in any illegal activity constitutes grounds for the student's dismissal from the convention. The parents will be contacted and asked to make immediate arrangements for their student's transportation home.

I agree to support and abide by the above rules of conduct. I further agree that access to student's room and baggage will be given upon request to a designated TMEA officer. I also give permission to TMEA to use my name and photographic likeness in all forms and media for advertising, trade and any other lawful purposes.

STUDENT NAME _____ CELL PHONE:(____) _____

SCHOOL _____

SCHOOL PHONE _____ PRINCIPAL NAME _____

PARENT NAME _____ HOME PHONE _____ CELL PHONE _____

PARENT'S ADDRESS _____

STUDENT SIGNATURE _____ PARENT SIGNATURE _____

DIRECTOR SIGNATURE _____ DATE: _____ CELL PHONE: (____) _____

To Be Completed at Convention _____

STUDENT'S HOTEL _____ ROOM # _____

DESIGNATED CHAPERON _____ CHAPERON CELL PHONE: (____) _____

HOTEL _____ ROOM # _____

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SCHOOL _____

SCHOOL PHONE _____ PRINCIPAL NAME _____

PARENT NAME _____ HOME PHONE _____ CELL PHONE _____

PARENT'S ADDRESS _____

STUDENT SIGNATURE _____ PARENT SIGNATURE _____

DIRECTOR SIGNATURE _____ DATE: _____ CELL PHONE: (____) _____

To Be Completed at Convention _____

STUDENT'S HOTEL _____ ROOM # _____

DESIGNATED CHAPERON _____ CHAPERON CELL PHONE: (____) _____

HOTEL _____ ROOM # _____

- Symphony Orchestra
- Philharmonic Orchestra
- String Orchestra
- Mixed Choir
- Women's Choir
- Men's Choir

✓ **BRING THIS NOTARIZED FORM WITH YOU TO THE CONVENTION**



- 5A Symphonic Band
- 5A Concert Band
- 4A Symphonic Band
- Jazz Ensemble
- Texas Future Music Educators

TEXAS MUSIC EDUCATORS ASSOCIATION MEDICAL RELEASE FORM

✓ **IMPORTANT: NO STUDENT WILL BE ALLOWED TO AUDITION OR PARTICIPATE AT THE CLINIC/CONVENTION WITHOUT THIS NOTARIZED FORM.**

1. STUDENT'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

2. SPONSOR'S NAME: _____ CELL PHONE: (____) _____

3. MOTHER'S/GUARDIAN'S NAME: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____ WORK PHONE: (____) _____

FATHER'S/GUARDIAN'S NAME: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____ WORK PHONE: (____) _____

4. DOCTOR'S NAME: _____ PHONE: (____) _____

5. INSURANCE CARRIER: _____ PHONE: (____) _____

NAME OF INSURED: _____

GROUP/POLICY NUMBER: _____

6. LIST ANY MEDICAL CONDITIONS OR ALLERGIES FOR WHICH MEDICAL PERSONNEL SHOULD BE AWARE: _____

7. PERSON(S) TO CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE:

NAME: _____ CELL: (____) _____ HOME (____) _____ WORK: (____) _____

NAME: _____ CELL: (____) _____ HOME (____) _____ WORK: (____) _____

NAME: _____ CELL: (____) _____ HOME (____) _____ WORK: (____) _____

8. EVENT: **TMEA ANNUAL CLINIC/CONVENTION**

9. EXPECTATIONS AND INSTRUCTIONS:

I UNDERSTAND THE STUDENT IS EXPECTED TO DO EXACTLY WHAT HE/SHE IS INSTRUCTED TO DO BY THE SPONSOR, TMEA PERSONNEL, OR EVENT SUPERVISOR.

10. INSURANCE: I UNDERSTAND THAT TMEA DOES NOT OR MAY NOT CARRY ANY INSURANCE RELATIVE TO THIS EVENT OR FOR INJURIES TO THE STUDENT. I REPRESENT THAT THE STUDENT HAS INSURANCE THROUGH THE ABOVE NAMED INSURANCE CARRIER.

(OVER)

I REQUEST THAT THE ABOVE NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE EVENT PLANNED AND SPECIFICALLY CONSENT TO HIS/HER PARTICIPATION.

IF ANY EMERGENCY MEDICAL PROCEDURES OR TREATMENT ARE REQUIRED OR IN CASE OF ACCIDENT OR ILLNESS DURING THE EVENT OR AT ANY TIME WHILE THE STUDENT IS UNDER TMEA SUPERVISION, I CONSENT TO TMEA OBTAINING, TAKING, ARRANGING FOR OR CONSENTING TO THE PROCEDURES AND TREATMENT FOR THE STUDENT, AT TMEA'S DISCRETION, AND UNTIL I AM CONTACTED FOR FURTHER INSTRUCTIONS.

I RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS OR REIMBURSE TMEA, THE INDIVIDUAL BOARD MEMBERS, OFFICERS, AGENTS, MEMBERS, EMPLOYEES AND REPRESENTATIVES THEREOF, AS WELL AS EVENT SUPERVISORS AND SPONSORS FROM AND AGAINST, ANY CLAIM WHICH I, ANY OTHER PARENT OR GUARDIAN, ANY SIBLING, THE STUDENT, OR ANY OTHER PERSON, FIRM OR CORPORATION MAY HAVE OR CLAIM TO HAVE, KNOWN OR UNKNOWN DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN THE ABOVE DESCRIBED EVENT OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT IF ANY.

PARENT/GUARDIAN

DATE: _____

STUDENT

(THIS RELEASE FORM HAS BEEN SIGNED ONLY AFTER UNDERSTANDING AND CONSIDERING THE ABOVE INFORMATION AND STATEMENTS.)

STATE OF TEXAS

COUNTY OF _____

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF

_____, 20____,

BY _____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS