

### Congratulations!

You have been selected for the 2019 Midwest Honor Band and Orchestra Festival! We hope you will be able to participate in this unique musical event! You have been accepted based on a nomination sent to us by your band or orchestra director. You were chosen from a large group of talented nominees, and should be proud of your acceptance to the program!

### What is the Midwest Honor Band and Orchestra Festival?

The festival will take place on the UMKC campus during the weekend of January 18-20. The bulk of festival time is spent in rehearsals, during which students will work with renowned conductors and directors from around the country, culminating in a performance at the Finale Concert, which will take place on the last day of the festival. Additional activities may include a concert presented by the UMKC Bands Department, a presentation by UMKC Conservatory Admissions, workshops, and social activities.

### What do I need to do now?

Now that you have been accepted, you will need to **register for the festival**, which can be done by sending in the attached forms, or through our website. Please note that participants at the Midwest Honor Band and Orchestra Festival must attend ALL rehearsals and activities. Festival events will begin mid-day on Friday the 18th and end in the late afternoon on Sunday the 20th. Be sure to check your calendar and plan ahead to avoid schedule conflicts. **If you will be unable to attend the festival, please let us know right away so that we can select an alternate.**

### Festival Fees

- The **Festival registration fee** of \$160.00 includes:
  - All rehearsals, clinics, and performance activities as outlined in the Midwest Honor Band and Orchestra Festival schedule.
  - Midwest Honor Band and Orchestra Festival T-shirt
  - Admission to a performance by the UMKC Conservatory bands on Saturday, January 19, 2019
  - All lunches and dinners served during the festival.
- **Finale Concert Tickets:**
  - Parents and spectators are welcome to attend the festival Finale Concert on Sunday, January 20, 2019. Tickets to the Finale Concert are not included in the cost of registration, but are available at a cost of \$5 per ticket, and may be purchased in advance or at the door on the day of the concert. To purchase advance tickets, please indicate the quantity you would like to purchase on your registration form, and include payment. Tickets purchased in advance will be available for pickup on the day of the concert.

### How to Register

There are two ways to register for the festival:

- **Option 1:** Fill out the attached forms and mail them, with payment if applicable, to the address listed on the forms. Payment may be sent by check or money order, payable to UMKC.
- **Option 2:** Register online. A parent or guardian will need to create an account in our software system, add the student to their family, then register them for the festival. Credit card fees may apply.

Registration and payment must be received no later than **December 15, 2018**. Students who have not completed the registration process by this date may be replaced with students from our alternate selection list and will not be guaranteed a space in the festival.

### Need more information?

Please check our web site ([info.umkc.edu/cmda-mhbo](http://info.umkc.edu/cmda-mhbo)) for updates and important information as the festival approaches. Be sure to check out our **About the Festival** page, which contains answers to the most common questions about the festival. Soon after you have registered for the festival, you will receive an email with information including schedules, driving directors, ensemble auditions, and more.

Have a question not answered here or on our website? Contact festival coordinator Elizabeth Valle:

**Email:** [vallee@umkc.edu](mailto:vallee@umkc.edu)

**Phone:** 816-235-5448

**Website:** [info.umkc.edu/cmda-mhbo](http://info.umkc.edu/cmda-mhbo)

*Our offices are open Monday through Friday from 9am until 5pm.*

Sponsored By:



MIDWEST HONOR BAND AND ORCHESTRA FESTIVAL 2019

**REGISTRATION FORM**

Fill out this form if you would like to pay registration fees by check or money order. Please type or print legibly.

To register online or pay by credit card, please visit: [info.umkc.edu/cmda-mhbo](http://info.umkc.edu/cmda-mhbo)

Participant's name _____			Date of birth _____			Gender _____		
Parent/Guardian's name(s) _____								
Address _____								
City _____			State _____			ZIP _____		
Phone _____			Phone 2. (if available) _____					
Email that is checked regularly: _____								
Email 2 (if you want to receive emails at both addresses): _____								
Instrument _____			School _____			Grade _____		
T-Shirt Size (please circle one; all choices are adult sizes): <b>S   M   L   XL   XXL</b>								
Dietary restrictions (if any) _____								

**REGISTRATION FEES AND DEADLINES**

Fee Name	Quantity	Cost	Amount Due
Registration Fee	1	\$160.00	<b>\$160.00</b>
Finale Concert Tickets ( <i>optional; will also be available at the door</i> )		\$5.00 each	<b>\$</b>
<b>TOTAL DUE:</b>			<b>\$</b>
MAKE CHECKS OUT TO UMKC. All fees are nonrefundable To pay by credit card, please register online: <a href="http://info.umkc.edu/cmda-mhbo">info.umkc.edu/cmda-mhbo</a>		<b>CHECK #</b>	

**SENDING IN YOUR REGISTRATION: YOU MAY SEND THIS FORM TO US IN ONE OF THREE WAYS:**

1. <b>Mail:</b>	Midwest Honor Band and Orchestra Festival 5301 Charlotte St Kansas City MO 64110
2. <b>Email:</b>	vallee@umkc.edu (pdf format, please)
3. <b>Phone:</b>	816-235-5448
<b>Be sure to include the following materials:</b>	
<input type="checkbox"/>	Midwest Honor Band and Orchestra Festival Registration Form
<input type="checkbox"/>	Information/Photo Consent Form
<input type="checkbox"/>	Personal Health and Medical Authorization Form
<input type="checkbox"/>	Check or money order for total amount due

Registration and payment deadline: **December 15, 2018**. All fees are nonrefundable.

Questions about this form? Contact us: 816-235-5448 or [music-ce@umkc.edu](mailto:music-ce@umkc.edu)

MIDWEST HONOR BAND AND ORCHESTRA 2019:  
**INFORMATION/PHOTO CONSENT FORM**

*To be completed by all participants in Midwest Honor Band and Orchestra Festival 2019*

For valuable consideration, I do hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, deem appropriate.
- d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of the Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy. I hereby consent to the release of said video tape, audio tape, film, photograph or any other medium for the above-stated purposes and in accordance with the terms stated above, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et.seq.

\_\_\_\_\_  
**Participant Name (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Signature (if participant is 18 or over)**

\_\_\_\_\_  
**Parent/Guardian's Signature (if participant is under 18)**

**Please return all forms to our office:**

Midwest Honor Band and Orchestra Festival, 5301 Charlotte St, Kansas City, MO 64110

MIDWEST HONOR BAND AND ORCHESTRA 2019  
**PERSONAL HEALTH AND MEDICAL AUTHORIZATION FORM**

To be filled out by parent, guardian, or adult participant. Please print in ink or type

Participant Name \_\_\_\_\_

Name of Parent or Guardian (if under 18) \_\_\_\_\_ Daytime phone # \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in activities: \_\_\_\_\_

**Medication Information**

List any medications to be taken while at the festival: \_\_\_\_\_

There will be a Midwest Honor Band and Orchestra Festival staff member on call to administer medications once each morning and once each evening. As a parent or guardian, you may choose whether you would like a staff member to hold and administer your child's medication, or if you would like your child to retain his or her medication and take as needed. **Please choose one of the three options below:**

- The participant named above is authorized to retain in her or her possession any medication listed above
- The participant will turn in any medication to a designated staff member during check-in
- The participant will not be taking any medication during the festival weekend

**Primary Care Information**

Regular Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Regular Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

Other pertinent information to which physician should be alerted in the event of an emergency: \_\_\_\_\_

**Insurance Information**

Name of Insurance Carrier \_\_\_\_\_ Carrier Contact #: \_\_\_\_\_

Group Policy # \_\_\_\_\_ Individual Policy # \_\_\_\_\_

Policy under whose name? \_\_\_\_\_

**If parent or guardian is not available in the event of an emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL AUTHORIZATION/HOLD HARMLESS AGREEMENT**

(complete this section only if participant will be less than 18 years old during any part of the festival)

I am the parent/legal guardian having custody of \_\_\_\_\_, the minor whose name is indicated on this form. Permission is hereby given for said minor to participate in all excursions and transportation sponsored by the Conservatory of Music and Dance. I understand that the Curators of the University of Missouri-Kansas City, Conservatory of Music, Community Music & Dance Academy, and UMKC will not be held legally responsible for injuries incurred during organization activities and transportation to and from those activities. I give my consent, in the event all reasonable attempts by Conservatory personnel to contact me at the telephone numbers set forth above have been unsuccessful, for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist and (2) the transfer and admission of said minor to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician deems it necessary. Whenever possible, a second physician must concur in the necessity for such surgery. I understand that the Curators of the University of Missouri, Conservatory of Music and Dance, Community Music & Dance Academy, and UMKC will not be responsible for medical expenses for injuries not caused by those entities, their employees or agents.

Parent/Legal Guardian's Name (printed) \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return all forms to our office:  
Midwest Honor Band and Orchestra Festival, 5301 Charlotte St, Kansas City, MO 64110