

All County Concerts are produced through a partnership between:



## *Pinellas All-County Participant Agreement*

Name: \_\_\_\_\_

Ethnicity: (Completion optional) Black \_\_\_ White \_\_\_  
Asian \_\_\_ Hispanic \_\_\_ Other \_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

If chosen for the All County Ensemble, I agree to the following:

- I will attend ALL rehearsals and the concert.
- I understand if I am excessively late or absent I may be dismissed from the ensemble.
- I will arrange transportation to all events.
- I will practice my part before the rehearsals so that rehearsals can be highly productive.
- I will act appropriately following all school rules while participating in all All-County events.

### ***Release for Media***

The signatures below grant permission to reproduce, print, or publish photographs or audio/video recordings of my minor student if selected to an All-County performing ensemble. This permission includes all rehearsals, activities, and performances connected with the All-County ensembles. I also acknowledge my child's name will be published in the All-County Concert program and will appear in lists of All-County students on a website available to PCMEA members.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone #

\_\_\_\_\_  
Parent's Email

### ***Music Teacher Section***

I am recommending that the above student participate in or audition for the All-County Ensemble. I am confirming that the student is enrolled and participates regularly in the school based ensemble. I have confirmed that the student is well prepared for the audition/rehearsals. I agree to attend **ALL** clinician-run rehearsals to supervise students from my school. If I cannot attend, I will send a representative (faculty, staff, or administration - **not parents**) from my school to monitor rehearsals. If there is no school representative, I understand that my student will not be able to attend rehearsals and may be dismissed from the group. I will attend both audition and sectional rehearsals prepared to work. If I do not attend both, I understand my students will not be allowed to participate in the All-County Ensembles.

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be turned in to your music teacher by the specified due date to participate.***