

**Keystone String Fest Application 2025**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State PA Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Name of School \_\_\_\_\_

Director \_\_\_\_\_

Instrument \_\_\_\_\_ Part \_\_\_\_\_

Please list any food allergies or special food requests below:

\_\_\_\_\_

\*\*\*\*\*

Permission is granted for my child to participate in the Keystone String Fest at **Clearfield Area Junior-Senior High School 2831 located at Washington Ave Clearfield PA 16830 on Thursday, January 16, 2025.** I will **not hold the local school district, the host school, or the orchestra directors responsible for any unforeseen accident or illness.**

The Keystone String Fest does **not** provide any medical/hospital insurance for students attending the festival. The host school for the festival does **not** provide any medical/hospital insurance. **Your signature verifies that your child is covered by medical insurance or that you will cover the cost of any medical expenses incurred by your child during the festival if your child needs medical attention.**

**Your signature also verifies that you will not hold the local school district, the host school, or the orchestra directors responsible for damage to your child’s instrument.** Instruments should be placed in hard cases when not in use. You are advised to check your insurance policy to make sure that your child’s instrument is covered in case of damage.

Students must participate in the complete festival program. Students must stay at the festival throughout its duration, starting with registration and concluding with the formal concert.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**Student Code of Conduct**

I agree to abide by the following rules and any future rules that may be adopted by the directors while I am participating in the Keystone String Fest:

I agree to the following:

- To conduct myself in an appropriate manner and to use good judgment at all times.
- Not to use or possess illegal substances including cigarettes/drugs/alcohol or weapons.
- Not to be involved in theft or vandalism.
- To be respectful and careful of other students' instruments and equipment.
- To be respectful of the host school's auditorium/facilities/equipment.
- To follow rules and guidelines established by the host director/host school/guest conductor.
- To report any accidents or injuries to a director immediately after they occur.

I understand that participating in this festival is a privilege, and that any violation of these guidelines could cause me to be dismissed from this festival.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

.....

**Medical Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Is the student currently under medical treatment? YES NO

If yes, please give the nature of the treatment and the doctor's name and phone number.

\_\_\_\_\_  
Is the student currently taking any medication? YES NO

If yes, please give the name of the medication, reason it is given, and doctor's name and phone number.

\_\_\_\_\_  
Is the student allergic to any medications? YES NO

If yes, which medication? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

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

List any medical conditions of which the school nurse/medical personnel should be aware.

\_\_\_\_\_

The host school nurse has my permission to administer (circle as allowed): Tylenol, PeptoBismol, Other (be specific) to my son/daughter.

Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

### *Emergency Treatment Authorization*

If emergency treatment is required, may the school authorities, festival host, or designee use their own judgment in sending your child to the nearest hospital or medical professional before the parent/guardian can be reached?

YES            NO            If no, please name preferred Hospital and/or Doctor

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_

Do you give permission for this form to be provided to the nurse on call?

YES            NO

I understand that in a true emergency, the judgment of the school authorities will prevail. The recommendation of the parent/guardian above will be respected as much as possible. If any of my child's emergency information should change between now and the festival, I will notify my child's director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the host school district, host school nurse, and the festival directors from any lawsuits, claims, demands, expenses, or costs arising from the administration or failure to administer first aid or emergency treatment to the child while in attendance at the Keystone String Festival.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_