

# NHASTA Fall Orchestra Festival 2024 at Keene State College

## Student Registration & Emergency Form

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

Parent Name(s): \_\_\_\_\_

Please provide an email address that your teacher will submit to the festival organizers. The festival organizers will use this address to send information and music directly to you.  
*Please be sure to use an email address you will check during the summer months.*

Email: \_\_\_\_\_

Mailing (Street) Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Placement Information:**

Instrument: \_\_\_\_\_ Grade (in 2024-25): \_\_\_\_\_  
(Please list age if home-schooled)

Please list your experience playing in orchestras (other than a school orchestra):

\_\_\_\_\_  
\_\_\_\_\_

Do you take private lessons?  No  Yes If "Yes", for how many years? \_\_\_\_\_

If "yes", who is your private teacher? \_\_\_\_\_

Private Teacher Email: \_\_\_\_\_

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*We have received information about the NHASTA Fall Orchestra Festival on Saturday, October 19, 2024, and have included our \$25 registration fee. We agree that the student will prepare the music in advance, attend the festival, and abide by all festival requirements.*

Student signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

*Please also complete and submit the Emergency Information Form*

**NHASTA – Emergency Information Form for Fall Festival**

Due to string instructor by \_\_\_\_\_  
(date)

Instructor name \_\_\_\_\_  
(last) (first)

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Student's name \_\_\_\_\_  
Last First

School and town \_\_\_\_\_

Date of birth \_\_\_\_\_

Physician \_\_\_\_\_

**Parent/Guardian contact information:**

Name \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Additional parent/guardian name (if applicable) \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency contact if parent/guardian cannot be reached**

Name \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Allergies or other health issues \_\_\_\_\_

\_\_\_\_\_

In case of accident or serious illness, I request NHASTA or their designee to contact me. If the NHASTA cannot reach me, I hereby authorize NHASTA to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, NHASTA may make whatever arrangements are necessary.

Parent/guardian signature \_\_\_\_\_

*Please also complete the Student Registration Form*