



LMEA All-State Ensembles School and Emergency Permission Form

Congratulations to all students from your school who were selected to one of the LMEA All-State ensembles. This is a testament to their dedication and hard work, the outstanding teaching they are receiving, and the support of their parents, school, and administration.

Student Zorn, Jackson R. Instrument/Voice Guitar
Last First M.I.

School Lafayette High School

Check the All-State Ensemble to which you have been selected:

- | | | |
|--|---|--|
| <input type="checkbox"/> HS Symphonic Band | <input type="checkbox"/> HS Jazz Ensemble | <input type="checkbox"/> MS Band |
| <input type="checkbox"/> HS Concert Band | <input type="checkbox"/> HS Orchestra | <input type="checkbox"/> MS Choir |
| <input type="checkbox"/> HS Mixed Choir | <input checked="" type="checkbox"/> Guitar Ensemble | <input type="checkbox"/> MS Jazz Ensemble |
| <input type="checkbox"/> HS Treble Choir | <input type="checkbox"/> Handbell Ensemble | <input type="checkbox"/> MS String Orchestra |

Please check the appropriate response:

- ☒ The above-named student has no known physical or medical concerns that could present a problem during the All-State events.
- ☐ The above-named student has the following physical or medical concerns that could present a problem during the All-State events:

I hereby give permission for emergency treatment by qualified members of the medical profession if such treatment should be necessary. In the event of a medical emergency, parents/guardians will be notified immediately at the emergency contact number supplied on the registration form.

Parent/Guardian: Sheree Dekerlegand Sheree Dekerlegand 10/28/24
Print Name Signature Date

Parent/Guardian: 337-849-9499 sdekerlegand@acadian.com
Emergency Phone Emergency Email

The student listed above accepts the invitation to participate in this year's LMEA All-State activities. My signature, as appears below, indicates I have carefully read and agree to comply by the rules and regulations and all other information found on the next page.

Student: Jackson Zorn Sheree Dekerlegand 17
Print Name Signature Age at time of event

Parent/Guardian: Sheree Dekerlegand Sheree Dekerlegand 10/28/24
Print Name Signature Date

Director/LMEA Sponsor: W.R. Gleason W.R. Gleason 10/30/24
Print Name Signature Date

Director/LMEA Sponsor: 337 322 2243 wrgleason69@gmail.com
Emergency Phone Emergency Email

Director/LMEA Sponsor: 001021631 3/2/2025
LMEA/NAFME Number LMEA/NAFME Expiration Date

Principal: Layne Edelman Layne Edelman 10/28/24
Print Name Signature Date

This permission form must be signed, then uploaded as part of the student's online registration process.