



LAND OF 10,000 CHOIRS

# STATE HONOR CHOIR REGISTRATION AND PAYMENT

Please return to your director with \$120 registration fee with check payable to child's school or choral organization by:

7-8 Honor Choir: **Wednesday, 11/11/16** • 9-10 Honor Choir: **Wednesday, 12/7/16** • 4-5-6 Honor Choir: **Wednesday, 3/29/17**

check one:  **4-5-6 Boys**  **4-5-6 Girls**  **7-8 TTB**  **7-8 SSA**  **9-10 SSAA**  **9-10 SATB**

Participant's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

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

Parent Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Payment: AMOUNT \$ \_\_\_\_\_: Check # \_\_\_\_\_ payable to (NEW THIS YEAR) child's school or choral organization

**REFUNDS:** Registration payments are non-refundable unless verified by medical event. Partial refunds (not including pre-paid/pre-reserved items and fees) are issued on a case-by-case basis.

## MEDICAL INFORMATION AND PERMISSION FORM

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I am currently taking the following prescription medication(s):

Prescription Name \_\_\_\_\_ Frequency \_\_\_\_\_

Prescription Dosage \_\_\_\_\_ Medical reason \_\_\_\_\_

Other medications you are taking \_\_\_\_\_

Dietary Restrictions:  Vegetarian NOTE: Students with gluten free, vegan or severe food allergies should **BRING THEIR OWN FOOD** to honor choir day.

Allergies \_\_\_\_\_ **Vegetarian Meal Special Request** (check one):  YES  NO

Physician's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If the participant listed above, should require medical attention while participating in the ACDA-MN Honor Choir, the designated Honor Choir staff person, and the designated chaperone (if other than parent), has my permission to treat onsite or take said child (listed above) to a doctor, hospital, or any other medical facility for necessary medical treatment.

\***Parent/Guardian Signature** (sign only in presence of notary) \_\_\_\_\_

## RELEASE OF LIABILITY & PHOTOGRAPHIC/RECORDING FILES

I hereby release, indemnify and hold harmless the American Choral Directors Association of Minnesota (ACDA-MN), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participating in the ACDA-MN Honor Choir program.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon him/her taking proper care of self. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in the ACDA-MN Honor Choir; therefore, I assume all risks related to participation in the ACDA-MN Honor Choir. I also hereby acknowledge that the American Choral Directors Association of Minnesota (ACDA-MN), its trustees, employees, volunteer workers, students, agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the ACDA-MN Honor Choir program.

In addition, I hereby grant permission for the release of photographic images and/or CD/DVD recording files of the State Honor Choir to be used for current and/or future promotional and marketing purposes directly affiliated with the American Choral Directors Association of Minnesota.

\***Parent/Guardian Signature** (sign only in presence of notary) \_\_\_\_\_

Witness my hand and seal, and signed in my presence this (day) of \_\_\_\_\_ (month) \_\_\_\_\_ and (year) \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

My Commission expires (day) of \_\_\_\_\_ (month)

\_\_\_\_\_ and (year) \_\_\_\_\_

Notary Seal