



LAND OF 10,000 CHOIRS

STATE HONOR CHOIR REGISTRATION AND PAYMENT

Please return to your director with **\$124** registration fee with check payable to child's school or choral organization by:

7-8 Honor Choir: **Wednesday, 10/30/19** • 9-10 Honor Choir: **Wednesday, 12/4/19** • 4-5-6 Honor Choir: **Wednesday, 3/25/20**

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

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 _____

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 _____

2019-20 HONOR CHOIR PERFORMANCE DATES

7-8 Honor Choir: **Saturday, 11/16/19** • 9-10 Honor Choir: **Thursday, 2/13/20** • 4-5-6 Honor Choir: **Saturday, 5/2/20**