



American Choral Directors Association of Minnesota (ACDA-MN)
22-23 HONOR CHOIR REGISTRATION AND PAYMENT

Return to your director with \$129 registration fee with check by:

4-5-6 Honor Choir – Wed, March 15, 2023

7-8 Honor Choir – Wed, March 29, 2023

check one: [] 4-5-6 Choir 1 [] 4-5-6 Choir 2 [] 7-8 CTB [] 7-8 SSA [] 9-10 TTB [] 9-10 SSAA [] 9-10 SATB

Participant's name (last) _____ (first) _____ Parent/Guardian _____

School/Organization _____ Name of Director _____

Parent Phone (____) _____ Cell phone (____) _____ Email _____

Payment AMOUNT \$ _____: Check # _____ (payable to child's school/organization)

Refunds: Registration payments are non-refundable unless verified by a medical event. Partial refunds are issued on a case-by-case basis.

Demographic Information: Which of the following options best describes the participating student's racial/ethnic identity?

- ___ Asian or Asian American ___ Black or African American
___ Hispanic, Latina, Latino, or Latinx ___ Native Hawaiian or other Pacific Islander
___ Native, Indigenous, or Alaska Native ___ Middle Eastern or Northern African
___ White ___ I prefer not to answer this question
___ Another option not listed here (please specify) _____

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 ___ Vegan* ___ Gluten Free*

*Note: Students with gluten free, vegan, or severe food allergies should bring their own food to Honor Choir Day.

Allergies _____ Vegetarian Meal Special Request (circle): YES NO

If the participant listed above, should require medical attention while participating in the ACDA-MN Honor Choir, the designated Honor Choir medical 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 video files of the State Honor Choir to be used for current and/or future promotional and marketing purposes (including social media), and/or program documentation, directly affiliated with the American Choral Directors Association of Minnesota.

***Parent/Guardian Signature** _____

Date _____