

2012 Youth in Harmony Festival



Registration Form

Saturday, January 28, 2012 8:00am to 5:00pm, with Festival Show at 7:00pm. Total registration cost is \$20 – due with this package NOT LATER THAN JANUARY 10th.

First Name: _____ Last Name: _____

Nickname: _____ T-shirt Size (S, M, L, XL, 2X) _____

Home Address – Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ School Phone: _____

Email Address: _____ School Grade: _____

School Name: _____ Choral Director's name _____

School Address -Street: _____

City: _____ State: _____ Zip: _____

Are You a **Music Educator**? _____ Are you a **Student**? _____

Parent/Guardian -please sign this and the following forms to acknowledge that your child will be attending the Youth in Harmony Festival at the Scottish Rite Masonic Temple, 65 Saunders Rd, Newport News, VA, on January 28, 2012.

Signature: _____ Printed Name: _____

Please return this completed registration form package by January 10th to:

Susi Nelson
224 Cedar Road
Poquoson, VA 23662

Questions concerning the Festival should be addressed to: **Susi Nelson – (757) 868-8485.**
Make check for \$20 payable to “**Youth in Harmony Festival**”.

YOUTH PARTICIPATION FORM

2012 Youth in Harmony Festival

Youth [Name]: _____ Date of Birth: ____/____/____ (Month/Day/Year)

Parent/Guardian: _____ Activity: YiHF January 28, 2011 at Scottish Rite Temple

Consent and Agreement by Parent/Guardian:

I, _____, am the parent or legal guardian of the Youth named above. The Youth desires and/or has applied to participate in the Activity referenced above. I have reviewed and understand the Code of Conduct for participation in the 2012 Youth in Harmony Festival and have had the opportunity to discuss the same with persons responsible for the Festival. I have also carefully reviewed and discussed the Code of Conduct with the Youth, particularly his/her obligations and responsibilities as a participant in the Activity. I understand that participation by the Youth is conditioned upon the consent, agreements, and other provisions contained in this document.

I hereby consent to the Youth participating in the Activity. I hereby designate the Supervisor(s) named above (if other than the undersigned Parent/Guardian) to supervise the conduct and activities of the Youth as a participant in the Activity, including (but not limited to) participation in any associated travel. I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place and stead as a parent, to supervise the Youth as fully and completely as I might do if I were personally present, as deemed necessary and appropriate in the reasonable judgment of such Supervisor(s). I understand and agree that the failure of the Youth to accept and comply with such supervision, and/or the failure of such Supervisor(s) to provide effective supervision of the Youth, may be grounds for the denial or immediate termination of the Youth's participation in the Activity. I understand and agree that if any Chapter, District, Barbershop Harmony Society, or Sweet Adelines International member provides such supervision, such member will be performing that function in his individual and personal capacity, and not as an agent or representative of the Chapter, District, Barbershop Harmony Society, or Sweet Adelines International.

I accept full responsibility for all actions of the Youth and such Supervisor(s) during or arising out of the Youth's participation in the Activity. In the event of any medical emergency involving the Youth, I further hereby authorize such Supervisor(s) to obtain, provide, give consent, or furnish authorization for, any necessary emergency medical services or treatment to the Youth, including (but not limited to) surgical procedures which may be recommended by a physician, it being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible, after a need arises.

Signature: _____ Date: _____

Parent/Guardian

Printed Name: _____ Cell Phone Contact #: _____

Acknowledgment by Youth

I, the Youth named above, understand that my participation in the Activity is conditioned upon the supervision of my conduct and actions by the Supervisor(s) named above. I understand that my failure to accept and comply with such supervision, or the failure of such Supervisor(s) to provide the same, may result in the denial or immediate termination of my participation in the Activity.

Signature: _____ Date: _____

Youth

Printed Name: _____

Code of Conduct

Youth in Harmony

Festival

Participants in the Youth in Harmony Festival shall adhere to the following Code of Conduct:

- 1 At all times obey the instructions of the instructors and assistants at the Youth in Harmony Festival.
- 2 Dress appropriately to allow participation in singing and performance activities on choral risers. Dress will be appropriately modest to avoid distraction of other students. Shoes must be worn at all times.
- 3 Foul language, smoking, fighting, hitting or any other unwelcome touching of another participant is strictly prohibited.
- 4 All persons will comply with all laws and no one shall bring any drugs or alcohol onto the premises (Scottish Rite Temple) where the Youth in Harmony Festival will take place.
- 5 Medication will be taken ONLY as prescribed by a physician and as indicated on the attached medical form. Parents should contact the Festival administrators if students will be taking medication during the festival activities.
- 6 Participants shall be strictly prohibited from providing prescribed or any over-the-counter medication to any other student.
- 7 Participants will, at no time, leave the premises of the Festival unless prior arrangements have been made or a parent/guardian is present.
- 8 Everyone shall enjoy a day filled with music, performance, new friends, and entertainment.

I, _____, the Youth Participant, have read, understand, and will comply with the Code of Conduct outlined above at all times during my participation in the activities of the Youth in Harmony Festival.

YOUTH IN HARMONY FESTIVAL MEDICAL FORM

PARENTS - THIS FORM MUST BE SIGNED AND RETURNED.
NO SHARING OF MEDICATIONS OF ANY KIND IS PERMITTED."
Lack of compliance is grounds for immediate dismissal from the festival.

Youth Name: _____

ALLERGIES

Medication (s): _____

Food (s): _____

Other: _____

My child has a chronic condition of _____

(Example: asthma, epilepsy, anxiety order etc.)

It is controlled with/by: _____

MEDICATIONS

Sent to festival with my child that he/she may use are: *(include your own EpiPen, inhaler, ibuprofen, etc.)* _____

I give this Youth, _____, permission to take his/her own prescribed and/or "over-the-counter" medications that I've sent with him/her. I agree that the above information is correct and I give permission for this youth to be treated at the emergency facility in the case of illness or injury.

Signature of parent/guardian: _____

Date: _____

I understand that I cannot share medications with anyone, and agree that I will not give nor receive any medication from anyone.

Signature of Youth: _____

EMERGENCY CONTACT(s) - (Must be Available on Day of Festival)

Name # 1 _____ Phone: _____ Relation to youth: _____

Name # 2 _____ Phone: _____ Relation to youth: _____