



Deadline Extended

2012 YIH Festival Registration Form

Forms Due By

January 3rd 2012

Student/Teacher/Parent please fill out and return as soon as possible to YIH Representative along with MEDICAL RELEASE FORM and your \$5 check.

(When completing the form please print legibly)

First Name _____ Last Name _____

M/F _____ Voice Part _____ Returning (Alumni)? YES _____ NO _____
(Lead, Tenor, Bari, Bass, Not Sure)

Home Address _____

City _____ State: _____ Zip Code _____

Telephone (Home) _____ (Mobile) _____ (School) _____

E-Mail Address _____

High School _____

Parents/Guardian's Names (Father) _____ (Mother) _____

T-Shirt Size (circle one) S M L XL XXL Other: _____

(Students) Have you sung Barbershop Harmony before? (circle one) Yes No

Date: **January 14th 2012**

Location: **St. Croix Falls Elementary School**

Registration: **8:30 to 9:00am**

Free Concert at 4:30 for all parents and the general public.

Contact person and address: _____

Send: Registration and all other forms along with a check for \$5 made out to: **Youth In Harmony**

Mail to: Steve Osero 591-160th Ave Turtle Lake WI 54889

Questions can be sent to Steve Osero at sosero@amerytec.com

Or call: Day: (715) 268-3339 Evening: (715) 268-6330

**Agreement of Parent or Guardian
Youth In Harmony Festival Participation
January 14, 2012**

I, _____ parent/guardian of _____ hereby give my permission for her to participate in a Youth In Harmony Festival and performance opportunity sponsored by Vallee de Croix Chorus of Sweet Adelines International, and Croix Chordsmen Chorus and Indianhead Chorus of Barbershop Harmony Society, and agree to the following:

1. That he/she shall complete and mail to the event coordinator, or bring with him/her, an Emergency Medical Release form as required by the YIH Festival Team.

2. I agree to release Sweet Adelines International Corporation, The Barbershop Harmony Society, and any and all of their agents from any and all liability arising from or in any manner related to her transportation to, attendance at, or participation in, any event.

3) I, being the parent/guardian of _____, hereby give permission for Sweet Adelines International, The Barbershop Harmony Society, and any of its affiliated organizations, including, but not limited to its regions and chapters, to use the name of my child and/or photographs/artwork/videotapes/electronic representations and/or sound recordings of my child on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media.

Furthermore, I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International, The Barbershop Harmony Society, and any of its affiliated organizations. They shall have the right to duplicate, reproduce and make other uses of such photographs/artwork/videotapes/electronic representations and/or sound recordings as they desire free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form are assigned to Sweet Adelines International to be used in any manner consistent with the purpose of Sweet Adelines International.

4. I agree to all the above agreements which will be in effect through my child's eighteenth (18th) birthday.

Parent/Guardian signature: _____

Date: _____

Consent For Treatment

Youth In Harmony Festival
Parent/Guardian Approval for Treatment

I hereby authorize medical personnel to administer treatment or procedures that in their judgment may be necessary for:

Name: _____ D.O.B. _____ Age: _____

Signature: _____ Date: _____
Parent / Guardian

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers (Home/Work/Cell) including area code:

You will be notified should it become necessary to refer the above named to a medical facility.

Family Physician: _____

Address: _____

Phone: _____

Health insurance company that insures family and patient:

Name: _____

Address: _____

Special Medical Information (optional) - If you need to make us aware of any special medical conditions:

**Please mail the medical release form with the other registration forms
or bring it with you the day of the event.**