



**2018 Young Women In Harmony "Diva Day" Festival
STUDENT APPLICATION FORM**

Please complete the top portion of this form, and return it to your Choral Director along with your Parental Permission/Emergency Form by the school deadline. The non-refundable application fee is **\$25** (personal check, school check, or money order payable to "Harborlites") if postmarked by **November 10, 2017** or \$30 after November 10.

School: _____

Applicant's name: _____ Date of birth: ____/____/____

Address: _____
Street address City/State Zip Code

Home phone () _____ Year in high school (circle one) 9 10 11 12

T-Shirt size (circle one): S M L XL XXL XXXL

Applicant's Statement of Obligation

I understand that if I am accepted as a singer in this Festival, I will be prepared musically, mentally, and physically at the rehearsal and performance and I will represent my school with appropriate demeanor.

Applicant's signature: _____ Date: _____

PARENTAL PERMISSION & EMERGENCY MEDICAL FORM

Participant's Name: _____ has my permission to participate in the 2018 "Diva Day" Festival on February 3, 2018 and I hereby authorize the Festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

In case of emergency, please contact:

Name of Emergency Contact Phone Number Relationship

Parent or Guardian (please PRINT clearly) Phone Number Date

The participant will be traveling to and from the event at Orange Coast College with (check one):

- Parent or Guardian
- Other Adult Supervision (Specify: _____)
- Student is authorized to drive by herself (Parental signature required _____)

I hereby authorize the Festival coordinators to photograph my child(ren) for publicity in group activities related to the program. Please read and sign the back of this form giving permission to use your child's name and/or photographs taken during the Festival.

Medical Information – Please inform us of any special medical conditions: (Attach additional pages as needed)

 Medication Allergies _____

Food Allergies or Special Dietary Needs _____

Parent Signature _____



Youth Participation Form

Fullerton Chapter of the Barbershop Harmony Society

Youth Full Name: _____
First Name Middle Initial Last Name

Youth Date of Birth: ____/____/____ **Youth SSN#:** _____

Parent/Guardian Name: _____

Parent/Guardian Relationship: _____

Parent/Guardian Phone #: _____

Please choose the following reason for this form: General Chapter/District Activities Other Specific Activity *(list below)*

Name of Other Activity: **Diva Day**

Date of Other Activity: **2/3/2018** **Location:** **Orange Coast College**

Name of Primary Supervisor: **Tom Nichols**

Name of Secondary Supervisor: **Pete Saputo**

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 acknowledge that I have received a copy of the Youth Policy Statement of the Barbershop Harmony Society [Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc. (SPEBSQSA)], hereby referenced as "Society" and the Youth Policy Statement of the **Fullerton Chapter**, have reviewed and understand the same, and have had the opportunity to discuss the same with persons responsible for the Activity. I have also carefully reviewed and discussed the Policy Statement(s) 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 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/guardian, 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 organization 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 organization.

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.

Parent/Guardian Signature: _____ **Date:** _____

Witness Name: *(Chapter/District Officer)* _____ **Date:** _____

Witness Signature: _____ **Date:** _____



Youth Participation Form

Acceptance of Responsibility by Supervisor

I, the Supervisor(s) named and designated above, hereby accept responsibility for, and agree to perform, the supervision of the conduct and actions of the Youth as a participant in the Activity. I understand that my responsibility shall cover all aspects of the Youth's participation in the Activity, including (but not limited to) participation in any associated travel. I agree that my responsibility shall continue for the entire duration of the Activity, or until I rescind this Acceptance by written notice to the **Chapter, District, or Society officer (or designated representative)** in charge of the Activity. I understand that my failure to provide effective supervision of the Youth, or my rescission of this Acceptance, may be grounds for the denial or immediate termination of the Youth's participation in the Activity. [If more than one Supervisor is named, the foregoing statements and agreements are separately made by, and shall separately apply to, each.]

Printed Name of Primary Supervisor: **Thomas S. Nichols**

Signature of Primary Supervisor: _____

Date: ____/____/____

Printed Name of Secondary Supervisor: **Pete Saputo**

Signature of Secondary Supervisor: _____

Date: ____/____/____

Acknowledgement by Youth

I, the 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.

Youth Printed Name: _____

Youth Signature: _____

Date: ____/____/____

For internal use only:

Should be received and filed in chapter or district legal files by Chapter Secretary or District Secretary. It is recommended that a copy of completed forms be kept for at-least seven years. Forms should be re-filled out annually until the young person is at-least 18 years old or for other special activities as they approach.

Received on date: ____/____/____

Received/Filed by: _____

Title: _____

Signature: _____

Expiration Date: ____/____/____