



Barbershop Harmony Society  
Fullerton Chapter  
P.O. Box 3331  
Fullerton, CA 92834-3331

Phone: (714) 343-0845  
Website: [OEChorus.org](http://OEChorus.org)  
Email: [OECMusicScholarships@gmail.com](mailto:OECMusicScholarships@gmail.com)

## DIVA DAY FESTIVAL REGISTRATION FEES

As in years past, the Orange Empire Chorus will gladly pay registration fees for Diva attendance by FJUHSD students. To address the high absenteeism of previous years, the following procedure will be used:

1. Fill out the Diva Day registration form and youth participation form and give them to your high school choir director.
2. By Nov. 27, also give your choir director a deposit of \$25 cash or a **\$25 check made out to Orange Empire Chorus. Make sure the student's (your) name is on the memo line.** Money orders will **not** be accepted. The Orange Empire Chorus will pay your fee and hold your check. If you are unable to provide a \$25 deposit, please talk to your choir director about other arrangements.
3. Attend Diva Day, arrive on time and participate in the entire event, including the evening concert.
4. **Wearing your concert attire**, claim your deposit from the Orange Empire Chorus representative immediately after the evening concert. The Orange Empire Chorus will deposit any unclaimed checks.
5. **If you make out your check to Harborlites**, we will forward it to the festival organizers and **we will not return it to you after the festival.**

**Note:** Parents should be aware that this is not a school sponsored event. Your school's choir director may not be present during the event.



October 15, 2018

Dear Parent/Guardian,

The Harborlites Chorus of Sweet Adelines International will hold its 14<sup>th</sup> Annual Young Women in Harmony "Diva Day" festival on Saturday, February 2, 2019 at Orange Coast College in Costa Mesa. Festival participants will learn vocal skills and share the joy and rewards of performing four-part *a cappella* harmony in the barbershop style. The festival will be led by an experienced music educator and will consist of morning and afternoon clinics and rehearsals. The daylong event will culminate in a public evening performance with the two-time International Champion Harborlites Chorus. Friends and family are encouraged to attend.

Any female student who is currently enrolled in a high school choral music program is invited to participate. The registration fee is \$25 per student. Lunch, dinner, and performance costuming are included for all registered participants.

It is important that we have accurate up-to-date information regarding who to contact in case of emergency as well as who is authorized to transport your child. Please complete the **Parental Consent/Medical Release Form and the Youth Photo/Recording Release Form** and include a check or money order made payable to ~~"Harborlites."~~ Return completed forms and payment to your school's music educator. **Do not return directly to Harborlites.** If you wish to attend the evening performance, please complete the **Ticket Order Form** and send separately to Caroline Lawrence as indicated.

About eight weeks prior to "Diva Day," participants will receive information regarding website access to sheet music and practice recordings for several songs arranged in the barbershop style. This music will be used during the festival. Students are expected to prepare independently for the optimal "Diva Day" experience.

We look forward to receiving your student's application for our 14<sup>th</sup> annual Young Women in Harmony "Diva Day" Festival.

In Harmony,

Sheree Mills, Co-Chair  
(310) 200-8530  
[shereeinrpv@cox.net](mailto:shereeinrpv@cox.net)  
[www.harborliteschorus.org](http://www.harborliteschorus.org).

Carol Krenek, Co-Chair  
(714) 309-3004  
[cmkrenek@cox.net](mailto:cmkrenek@cox.net)

"Orange  
Empire  
Chorus"



**2019 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 30, 2018** or \$30 after November 30.  
School: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street address City/State Zip Code

Home phone ( ) \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

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 2019 "Diva Day" Festival on February 2, 2019 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 \_\_\_\_\_)

**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 \_\_\_\_\_



# Sweet Adelines International

## Young Women in Harmony Program

### Youth Photo/Recording Release

Youth Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address/State/Zip/Country: \_\_\_\_\_

Day phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Parental Agreement:

I, being the parent/guardian of \_\_\_\_\_, hereby give permission for Sweet Adelines International 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 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.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Sweet Adelines International • P.O. Box 470168, Tulsa, OK, USA 74147-0168 • fax 918-665-0894



# 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:** 2/2/2019 **Location:** Orange Coast College, Costa Mesa

**Name of Primary Supervisor:** Pete Saputo

**Name of Secondary Supervisor:** Tom Nichols

### 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:** Pete Saputo

**Signature of Primary Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name of Secondary Supervisor:** Tom Nichols

**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 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_