

Sweet Adelines International
YWIH Festival Registration Form
Honolulu, Hawaii • Tuesday, November 4, 2008

Name _____ Age _____

(Must be 25 or younger)

Voice Part: (circle one) Tenor Lead Baritone Bass Adult-shirt size (circle one) S M L XL

Address, City, State, Zip _____

Phone _____ Email _____

School _____ Teacher _____

Guardian Name _____

Address _____ Phone _____

_____ Cell Phone _____

Open to junior high, high school and college female singers, the Hawaii Young Women in Harmony Festival includes day-long rehearsals on Tuesday, November 4, 2008, culminating in a performance on the Showcase stage at the Hawaii Convention Center. Participants must secure their own lunch and dinner during meal breaks on Tuesday. Music and learning CDs will be provided to participants prior to the festival. Participants should come to the festival with notes and words memorized.

This completed registration form must be received at international headquarters by September 15, 2008. Registrations will be accepted in the order they are received with a maximum of 250 participants.

By signing this form, the participant acknowledges that she has read, understands and will abide by the policies included above. Parent or guardian must co-sign if the participant is under 18 years of age.

Youth participant _____ Guardian _____

In the event of a medical emergency (in the judgement of festival personnel or chaperone) to the minor student during the festival, I/We hereby authorize ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by an ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is rendered at the office of the physician, dentist or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical judgment in diagnosis, medical, dental or surgical treatment. I/We understand that I/We will assume full financial responsibility for care rendered.

Signature _____ Date _____
(Parent/Legal Guardian or Person Responsible)

Signature _____ Date _____
(Parent/Legal Guardian or Person Responsible)

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