



September 1, 2009

We are pleased to inform you that you have been selected for membership in the NCACDA Honor Choir program as a part of the North Central ACDA Conference to be held in Minneapolis, MN. You are to be commended on this significant musical accomplishment!

The timeline from this point forward is as follows:

- October 15 Student Acceptance Form, Medical Permission Form, Liability Waiver, and (\$220 Middle, Women, Men) (\$275 Jazz) registration fee due.  
Checks payable to: **NCACDA**
- March 2 On-site registration and rehearsals begin for the Jazz Honor Choir.
- March 4 On-site registration and rehearsals begin for the Men's, Women's and Middle Level Honor Choirs. **Jazz Honor Choir Performance.**
- March 6 Men's, Women's, Middle Level and Children's Honor Choir Performance.

Enclosed are copies of the **Student Acceptance Form, Medical Permission Form, and Liability Waiver** to be completed, signed and returned with your **registration fee** as soon as possible. Registrations must be received by October 15, 2009.

The registration fee includes the cost of the participant's meals, music, access to rehearsal MP3, experience with the conductor, 2 tickets to the Honors Choir concert, social event, t-shirt, and Honor Choir performance DVD. Also, all participants will receive a ticket to The Real Group/Jazz Honor Choir Concert.

Subject to availability, additional tickets to the Honors Choir concert on March 6 will be sold at registration for \$10 on a first come basis.

Music will be mailed to directors for distribution to honor choir participants. If a student has changed schools/teachers over the summer, please provide a different mailing address to which the music can be sent. Conductor notes and any MP3 files of music parts will be available after registration on the North Central ACDA website [www.ncacda.org](http://www.ncacda.org). These files may be downloaded and are meant to assist with personal preparation for the coming conference. **Music should be prepared in advance of the conference so that it is close to memory with all notes, rhythms, text issues having been addressed.**

Housing, meals and rehearsals will take place at the Hilton Hotel in Minneapolis. **ALL STUDENTS MUST STAY AT THE HILTON MINNEAPOLIS** for the 3 Day / 2 Night Honor Choir experience. Local students may not commute. Housing reservations should be made directly with the Hilton prior to October 15. Any student not registered at the hotel after October 15 will be replaced with an alternate singer.

The Hilton is holding a block of rooms at a discounted price for our honor choirs. This is a wonderful price for a major downtown hotel! If you wish to come early or stay late that is certainly possible. The honor choir block begins on Tuesday, March 2 and extends through Saturday night March 6. The room rate (1-4 guests) is only \$139.00 per night...an amazing rate!

All honor choir participants must have a parent or guardian staying with them at the Hilton. Parents and Guardians are responsible for chaperoning singers when honor choir activities are completed at the end of the day. Likewise, parents/guardians are responsible for room checkout on Saturday morning. When registering, the participating student must be listed on the room reservation followed by the name of the honor choir he or she is participating in (i.e. John Smith - Jazz or Becky Jones -Women). Parent/guardian names must also be listed. There may be up to four people per room at the Hilton and each room has two double beds.

It is against ACDA policy for a music teacher/choir director to act as a guardian or chaperon for the honor choir singer and may not share a hotel room with honor choir participants.

The best way to register for your hotel room is on line, but it is possible to call for reservations as well. Here is the information:

Call 1-800-HILTONS and make the reservations. The code you should reference is CDS. The Block is labeled "Honors Choir-N Central ACDA" however it is less confusing if you just use the code. This reservation information is also linked and available on the NCACDA website.

The NCACDA Honor Choir experience promises to be one of the most significant and memorable musical highlights for you as a vocal musician. On behalf of the Honor Choir Coordinators and membership of NCACDA, we look forward to welcoming you to Minneapolis this coming March.

Congratulations!

Doug Strandell, Coordinator  
NCACDA Honor Choirs  
P. O. Box 1023  
Pine Island, MN 55963  
Cell: 507-421-9251  
Email: [dstrande@pineisland.k12.mn.us](mailto:dstrande@pineisland.k12.mn.us)

NCACDA 2010 Honor Choir

STUDENT ACCEPTANCE FORM

Name of Student \_\_\_\_\_

Name of Honor Choir \_\_\_\_\_ Section: **S1 S2 A1 A2 T1 T2 B1 B2**

Address \_\_\_\_\_ Height/inches \_\_\_\_\_ T Shirt Size: **S M L XL XXL XXXL**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Name of School \_\_\_\_\_

Director's Name \_\_\_\_\_

Director's Email Address \_\_\_\_\_

Parent/Guardian Name/s (1) \_\_\_\_\_ (2) \_\_\_\_\_

- I hereby accept membership in the NCACDA Honors Choir. I understand that to be eligible, I must be a member in good standing in my own school choral program, from the time of auditions through the March, 2010 performance.
- I understand that I will be expected to conduct myself in an exemplary manner during the residency weekend. Any student failing to do so will face disciplinary action which may include loss of membership in the group, and being sent home at parent's expense.
- Finally, I understand that it is the responsibility of the student to thoroughly prepare the selected repertoire prior to the first rehearsal.
- I hereby verify that I plan to attend and participate fully in all scheduled rehearsals, performances and group activities of the NCACDA Honors Choir Program in March 2010.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature/s (1) \_\_\_\_\_ (2) \_\_\_\_\_

Please complete the following information and return to your high school choral director by **October 8, 2009**. We encourage you to make copies of each completed form and retain for future reference.

- \_\_\_\_\_ Signed **Student Acceptance Form**
- \_\_\_\_\_ Completed and signed **Medical Permission Form**
- \_\_\_\_\_ Signed **Liability Waiver**

I have enclosed the **Registration Fee** (\$220 Middle, Women, Men) (\$275 Jazz).

\_\_\_\_\_ Check payable to "NCACDA"

All forms and payments are to be sent to **Doug Strandell** by your high school choral director by **October 15**. Mail to:

Doug Strandell, Coordinator  
NCACDA Honor Choirs  
P. O. Box 1023  
Pine Island, MN 55963

NCACDA Honor Choir Medical Permission Form  
Minneapolis, MN 2010

Required of all participants. Please type or print in black ink.

Participant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List all prescription medications you are currently or might be taking:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_

List any known food, drug, animal, or environmental allergies: \_\_\_\_\_

Circle any conditions for which the participant is currently receiving medical treatment:

Insulin Dependent      Insulin pump      Fainting      Inhaler      Auto Immune Disorders  
ADHD      ADD      Depression      Other:

List any other medical conditions for which the participant is being treated: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

The designated Honor Choir Chair, Honor Choir Chair Assistant, and/or Honor Choir Coordinator, and the designated chaperone (if other than a parent) have my permission to administer (dual person observed and documented) the following to the participant if warranted:

(Circle)      Tylenol      Ibuprofen      Imodium      Dramamine  
Pepto-Bismol      Maalox      Tums      Other:

**If you wish to be called before any over the counter medication is dispensed, please initial here:** \_\_\_\_\_

If the participant listed above should require medical attention while participating in the NCACDA Honor Choir Program in Minneapolis, MN, March 3-6, 2010, Doug Strandell, Honor Choir Coordinator; Greg Douma, Brian Ohnsorg, Stephanie Trump, Michelle Hayes, Mary Wiersum, Sue Gilsdorf, Laura Woodley, and Jennifer Hicks, Honor Choir Co-Chairs and the designated chaperone has my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I here by authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the NCACDA Honor Choir Program in Minneapolis, MN.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury

and/or loss or damage to personal property may occur as a result of participating in the NCACDA Honor Choir Program; therefore, I assume all risks related to participating in the NCACDA Honor Choir Program. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students' agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the NCACDA Honor Choir Program.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the State of Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

**This form must be signed in the presence of a Notary Public.**

Parent/Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Notary Public: \_\_\_\_\_ Notary Seal:

My Commission Expires: \_\_\_\_\_

*This is not a legal document without the signature and seal of a Notary Public.*

**NCACDA Honor Choir Program  
LIABILITY WAIVER**

I hereby release, indemnify and hold harmless the American Choral Directors Association (“ACDA”), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, and claim of any nature whatsoever arising out of or in any way related to my child’s participating in the ACDA **NCACDA Honor Choir Program** at the ACDA North Central Convention in Minneapolis, MN March 3-6, 2010

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child’s safety is primarily dependent upon him/her taking proper care of self. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in the ACDA **NCACDA Honor Choir Program**; therefore, I assume all risks related to participation in the ACDA **NCACDA Honor Choir Program**.

I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students, agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child’s participation in the **NCACDA Honor Choir Program** at the ACDA North Central Convention in Minneapolis, MN March 3-6, 2010.

My signature on this form indicates that I have read, understood and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the state of Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the state of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the state of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

\_\_\_\_\_  
**(Name of Singer)**

\_\_\_\_\_  
**(Signature of Parent or Legal Guardian)**

Signed in my presence this \_\_\_\_\_ day of (month & year)\_\_\_\_\_.

Witness my hand and seal this \_\_\_\_\_ day of (month & year)\_\_\_\_\_

\*Notary Public:\_\_\_\_\_

My Commission expires:\_\_\_\_\_

Notary Seal:

***This is not a legal document without the signature and seal of a Notary Public!!!***

