



October 5, 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 30 Student Acceptance Form, Medical Permission Form, Liability Waiver, and \$150.00 registration fee due.
Checks payable to: **NCACDA**
- March 5 On-site registration (1-3 p.m.) and rehearsals begin for the Children's Honor Choir.
- March 6 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 30, 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.

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. These files may be downloaded and are meant to assist with personal preparation for the coming conference. **Music should be memorized in advance of the conference with all notes, rhythms, and text issues having been addressed.**

Housing, meals and rehearsals will take place at the Millennium Hotel in Minneapolis. **ALL STUDENTS MUST STAY AT THE Millennium Hotel** for the 2 Day / 1 Night Honor Choir experience. Local students may not commute. Housing reservations should be made directly with the Millennium prior to October 30. Any student not registered at the hotel after October 30 will be replaced with an alternate singer.

The Millennium is holding a block of rooms at a discounted price for our honor choir. If you wish to come early or stay late that is certainly possible. You may call and make reservations at 612.332.6000 or 800.522.8856. Please ask for the "American Choral Directors Association Room Block." If you wish to make your reservation on line, please use this link:

<https://reservations.synxix.com/LBE/rez.aspx?Hotel=11541&Chain=5303&lang=1&group=CHORL>.

All honor choir participants must have a parent or guardian staying with them at the Millennium. 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.

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 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

NCACDA 2010 Children's Honor Choir

STUDENT ACCEPTANCE FORM

Name of Student _____

Name of Honor Choir _____ Section: **S1 S2 A**

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

City _____ State _____ Zip _____

Phone (____) _____ Parent Email Address _____

Name of School/Church/Choir _____

Director's/Teacher's Name _____

Director's/Teacher's Email Address _____

Parent/Guardian Name/s (1) _____ (2) _____

- I hereby accept membership in the NCACDA Honors Choir.
- 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 director/teacher by **October 26, 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 \$150.00 **Registration Fee**.

_____ Check payable to "NCACDA"

All forms and payments are to be received by **Doug Strandell** by **October 30**. 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 5-6, 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; there fore, 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 Minnesota, and I consent to the jurisdiction of the State of Minnesota. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Minnesota 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 5-6, 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 5-6, 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 Minnesota, and I consent to the jurisdiction of the state of Minnesota. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the state of Minnesota 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!!!