



ACDA High School Honor Choir II Registration Form

2009 ACDA National Convention | Oklahoma City, OK | March 3-7, 2009

November 28, 2008

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

Participant's Name: _____
(Last) (First) (Middle)

- I accept the invitation to be a member of the ACDA High School Honor Choir II.
- I will be unable to be a member of the ACDA High School Honor Choir II. Reason: _____

Participant's name as you want it to appear in the concert program: _____

Participant Height: _____ feet _____ inches (indicate height when wearing the shoes you will wear during the performance).

Participant Email Address: _____

Participant Shirt Size - Circle one: (Adult sizes) Small Medium Large XL XXL

Chaperone/Sponsor Shirt Size - Circle one: (Adult sizes) Small Medium Large XL XXL (\$10 each)

Chaperone/Sponsor Name: _____

Chaperone/Sponsor Email Address: _____ Cell phone: _____

School/Sponsoring Organization: _____

I give permission for the above named child to participate in the ACDA National High School Honor Choir II, March 3-7, 2009, in Oklahoma City, OK.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone : _____

Parent/Guardian Email Address: _____

Amount Due: Singer Registration	\$125.00	(required for all)
Participant Meal Plan (9 Meals Included)	+ \$125.00	(required for all) <input type="checkbox"/> check here for vegetarian
Chaperone/Sponsor Meal Plan (9 Meals Included)	+ \$ _____	(add \$125 if selected)
Chaperone/Sponsor Shirt	+ \$ _____	(add \$10 if selected)
TOTAL: \$ _____		

Payment Options - Select ONE

All payments must be in US dollars and be payable to ACDA.

Check or Money Order # _____ (enclosed) We do not accept purchase orders or cash.

Visa MasterCard Discover Name on Card: _____

_____ - _____ - _____ - _____ Exp Date: ____ / 20 ____ CVV 2 Code: _____

Billing Address: _____

Signature: _____ Date: _____

I agree to pay the total according to the credit card issuer agreement and acknowledge that all sales are final unless duplicate payment is made.



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 ACDA High School Honor Choir II in Oklahoma City, Oklahoma, March 3-7, 2009, Nancy Cox, Honor Choir Coordinator; Linda Busarow and Karen Fulmer, 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 off 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 ACDA High School Honor Choir II in Oklahoma City, Oklahoma.

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 ACDA High School Honor Choir II; there fore, I assume all risks related to participating in the ACDA High School Honor Choir II. 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 ACDA High School Honor Choir II.

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.



ACDA High School Honor Choir II Code of Conduct

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

Participant's Name: _____
(Last) (First) (Middle)

The following behavior guidelines will be observed while in Oklahoma City as members of the ACDA National Senior High School Honor Choir II.

1. Honor Choir members must be present at all rehearsals and scheduled activities.
2. Students are expected to have the music memorized before arriving in Oklahoma City and will be prepared for all rehearsals with music, pencil, and other rehearsal supplies and materials.
3. Students will refrain from the use of profanity and/or derogative, hurtful remarks toward other students, directors, or other personnel. Students will respect the authority of all directors, chaperones, and other individuals helping to make the event function smoothly.
4. The use of tobacco, drugs and/or alcohol is strictly prohibited. All medications must be given to your chaperones.
5. Students will not leave their hotel rooms after curfew unless accompanied by an adult chaperone. Students are not allowed outside the hotels unless accompanied by a chaperone.
6. Students are NEVER to be in the hotel rooms of the member of the opposite sex unless a chaperone is present.
7. Use of the hotel room phones is not permitted. Students should make arrangements with their chaperones to call home. Phone cards work well. Cell phones will be permitted OUTSIDE of the rehearsal times/areas. Cell phones must be out of sight during rehearsal (turned off – not just on silent mode). This will be strictly enforced and phones will be confiscated if seen.
8. Take responsibility for your own actions. Do what is right as a member of this prestigious ensemble. You are representing your family, your school and your community. All rules and regulations from individual schools apply. If in doubt, your chaperone and/or choir director will be the ULTIMATE authority.

Failure to abide by these rules may result in removal from the choir. Students who are sent home due to rule infringements will do so at their own expense.

Participant signature _____

Parent/guardian signature _____



ACDA High School Honor Choir II Instructions and Check List

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- Carefully read all the enclosed documents.
- Complete and sign the REGISTRATION FORM (page 1 of 3).
- Meal plans are required for all participants and include 9 meals: Wednesday lunch, Wednesday dinner, Thursday breakfast, Thursday lunch, Thursday dinner, Friday breakfast, Friday lunch, Saturday breakfast, Saturday lunch. The meal plan DOES NOT include Friday dinner; everyone is on their own in Bricktown. Meal plans are optional for Chaperone/Sponsors. Meal plan price is \$125 for all.
- Calculate the total due at the bottom of the registration form and make payment in US Dollars to ACDA.
- Complete the MEDICAL PERMISSION FORM AND LIABILITY WAIVER (page 2 of 3) then sign in the presence of a notary public. This document MUST be notarized by a notary public. Send ACDA the original document. We can not accept a copy.
- Read and sign the CODE OF CONDUCT sheet (page 3 of 3).
- Make one copy of all three documents for your records.
- Mail all three completed and signed original documents (REGISTRATION FORM, MEDICAL PERMISSION FORM AND LIABILITY WAIVER and CODE OF CONDUCT) along with your payment to:
 - Honor Choir Acceptance
 - ACDA
 - 545 Couch Drive
 - Oklahoma City, Oklahoma 73102
- POSTMARK DEADLINE: November 28, 2008
- Make your hotel reservation at one of the designated hotels. You are responsible for making your own reservation and must stay at one of the designated hotels, even those in the Oklahoma City metro area.
- Make your travel plans to arrive in Oklahoma City on Tuesday, March 3, 2009 and depart on Sunday, March 8, 2009

If you have questions about anything, please contact the ACDA National Office in Oklahoma City by visiting www.acda.org/conventions