

Absolute A Cappella

A cooperative venture between Appalachian State University and the Watauga Arts Council

Saturday, September 25, 2010

Festival Workshop 1:00 to 4:15 pm Showcase performances 4:30 to 5:00 pm Broyhill Music Center

STUDENT REGISTRATION FORM

I will attend the Festival Workshop (Submit one form for each person attending the full day) (Please print)

First Name		Last Name		Nickname	
Home Address			City, State, Zip		
Home Phone			Cell Phone		
Grade	<input type="checkbox"/> Male Student <input type="checkbox"/> Female Student		E-Mail		
Name Of School			Name of Music Teacher		
Voice Part (circle one or more – if known)					
High Soprano	Soprano	Alto	Low Alto	Tenor	High Baritone
Baritone	Bass	Don't Know			
Comments					

Registration fee is \$10 per student. This amount covers the cost of the music and clinician expenses. Make checks payable to: Harmony Sounds and mail with form by Sept. 17 to: Harmony Sounds, P.O. Box 454, Boone, NC 28607. Students must arrange and provide for their own transportation. Directions, parking information, and motel options (if desired) are posted separately.

See the invitation letter for a description of and schedule for the *Absolute A Cappella* festival workshop activities. Music Educators may attend any part or all of this festival for free, including the afternoon Showcase Session and the optional evening Barbershop Show featuring both male and female award winning groups. Parents may sit in on any classes and the Showcase Session for free. Complete information about the evening Barbershop Show is found under the Special Events menu option.

Consent and Agreement by Parent/Guardian

I am the parent or legal guardian of the Youth named above. I hereby consent to the Youth participating in this Activity. I hereby designate the Supervisor(s) of this Activity to supervise the conduct and activities of the Youth as a participant in the Activity. I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place and stead as a parent, 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 may be grounds for the denial or immediate termination of the Youth's participation in the Activity. 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 for the Youth.

Parent/Guardian _____ (Signature) Date _____

(Printed Name) _____ Emergency Phone _____

