

# 3<sup>rd</sup> Iveron Choral Conference - 2019

## Registration Form – Youth Participant (14 to 17 yrs old)

### Section 1

#### Participant

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Section 2

Language Preference:

Fluent in Russian \_\_\_\_\_ English \_\_\_\_\_

Functional in Russian \_\_\_\_\_ English \_\_\_\_\_

Sing in Church Slavonic \_\_\_\_\_ English \_\_\_\_\_

Voice:

Please check all that apply

1st Soprano \_\_\_\_\_ 2nd Soprano \_\_\_\_\_ Alto \_\_\_\_\_ Tenor \_\_\_\_\_ Baritone \_\_\_\_\_ Bass \_\_\_\_\_

### Section 3

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age (as of October 25, 2019) \_\_\_\_\_

#### Parent/Guardian - Contact Information

##### *Parent/Guardian #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

# 3<sup>rd</sup> Iveron Choral Conference - 2019

## Registration Form – Youth Participant (14 to 17 yrs old)

### *Parent/Guardian #2*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

### **Emergency Contact Information**

#### *Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Relation to child \_\_\_\_\_

### **Medical Release Information**

#### Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

| <u>Medical Problem</u> | <u>Required treatment</u> | <u>Should paramedic be called?</u> |
|------------------------|---------------------------|------------------------------------|
| _____                  | _____                     | Yes/No                             |
| _____                  | _____                     | Yes/No                             |
| _____                  | _____                     | Yes/No                             |

# 3<sup>rd</sup> Iveron Choral Conference - 2019

## Registration Form – Youth Participant (14 to 17 yrs old)

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

### In case of medical emergency contact:

|            | Name | Phone # | Relationship to Child |
|------------|------|---------|-----------------------|
| Contact #1 |      |         |                       |
| Contact #2 |      |         |                       |
| Contact #3 |      |         |                       |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the ROCA Assistance Fund will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

# 3<sup>rd</sup> Iveron Choral Conference - 2019

## Registration Form – Youth Participant (14 to 17 yrs old)

### Section 4

#### REGISTRATION FEE

\$125 for the period of October 25-27 without lodging; \$225 with lodging (booking special lodging rate is available until Oct 12<sup>th</sup>. See below for further details\*)

Attendees receive 1 T- shirt

Please indicate your T-shirt size XS\_\_\_\_\_ S\_\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_ XXL\_\_\_\_\_

Make your checks payable to **ROCA Assistance Fund**

Mail registration form and payment to the following address:

**ROCA Assistance Fund**

**Choral Registration**

**PO Box 591**

**Valley Cottage, NY 10989**

For questions, please contact ROCA Assistance Fund at 845-709-1312 or email RocaAF@gmail.com

### Section 5

#### Terms of Agreement

#### Photo Release

I hereby give permission my child to be photographed during the **Choral Conference**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photographs may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of ROCA Assistance Fund and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

The **Choral Conference** and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless my child is unable to participate due to an accident or illness per physician orders.

Parent's/Guardian's Initials \_\_\_\_\_

# 3<sup>rd</sup> Iveron Choral Conference - 2019

## Registration Form – Youth Participant (14 to 17 yrs old)

### Section 6

#### PARENT CONSENT AND CONDITIONS OF REGISTRATION

Child Name

---

The parent who signs this form represents that he/she has full authority to do so and will be responsible for payment of the registration fees.

I agree to allow my son/daughter to participate in the activities offered as part of the **Choral Conference at Holy Assumption Russian Orthodox Church located at 106 Jackson Street, Trenton, NJ 08611**. I understand that the Choral Conference reserves the right to change or cancel any activity due to circumstances beyond its control.

I understand that my child will be expected to abide by the rules and regulations set by the Directors of the Choral Conference. I have reviewed the Rules with my child and we understand that failure to uphold these rules may result in immediate dismissal from the Choral Conference with no refund of the registration fees.

In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Choral Conference and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by my son or daughter in connection with any and all activities provided during the Choral Conference. My son/daughter is in suitable physical condition to participate in all activities, except where noted on the Medical Information Form.

I am certifying that I agree with all the above statements.

Parent/Guardian Name (please print)

---

Signature of Parent or Guardian

---

Date \_\_\_\_\_

### Lodging

\* We are able to provide double occupancy lodging at the Quality Inn located at 3270 Brunswick pike, US Rt. 1, Lawrenceville Township, NJ, 08648 at a special registration rate of \$225 which includes a two-night stay on Friday October 25, 2019 and Saturday October 26, 2019. **This special rate is only available through October 12, 2019 (after which the rate will be subject to additional terms with the Quality Inn)**. Please contact us as soon as possible.