

6<sup>TH</sup> IVERON CHORAL CONFERENCE – 2022  
REGISTRATION FORM – YOUTH PARTICIPANT, 14–17 YRS

**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):

1<sup>st</sup> Soprano  2<sup>nd</sup> Soprano  Alto  Tenor  Baritone  Bass

**Section 3**

**REGISTRATION FEE**

\$135 for the period of October 28 – October 30, 2022 registration fee without lodging;

\$325 with lodging near Holy Assumption Church (double occupancy);

\$475 with lodging near Holy Assumption Church (single occupancy).

Please note – lodging must be reserved by Oct 14<sup>th</sup>.

Select one of the following:

Registration without lodging \$135 – Need travel to church & back \*\*  yes /  no

Registration with lodging near Holy Assumption church (double occupancy) \$325\*

Registration with lodging near Holy Assumption church (single occupancy) \$475\*

Attendees receive 1 T-shirt each. Please indicate your **T-shirt size**:

XS  S  M  L  XL  XXL

**Travel** \*\* Travel to and from the Hotel and the Conference Location will be provided.

**Lodging** \* information can be found on the next page.

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**Lodging** \* Lodging is available on a first-come, first-serve basis.

\* 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 \$325 which includes a two-night stay on Friday October 28, 2022 and Saturday October 29, 2022.

This special rate is only available through **October 14, 2022** (after which the rate will be subject to additional terms with the Quality Inn). Please contact us as soon as possible.

### Section 4

### School and Parent / Guardian Contact Information:

School name ..... Grade .....

Child Birth date ..... / ..... / 20 ..... Age (as of October 28, 2022) .....

#### Parent / Guardian #1

First ..... Middle ..... Last .....

Ms.  Mrs.  Mr.  Other .....

Street Address .....

Town/City ..... State ..... Zip code .....

Home Phone ..... Cell phone .....

E-mail .....@.....

#### Parent / Guardian #2

First ..... Middle ..... Last .....

Ms.  Mrs.  Mr.  Other .....

Street Address .....

Town/City ..... State ..... Zip code .....

Home Phone ..... Cell phone .....

E-mail .....@.....

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## REGISTRATION FORM — YOUTH PARTICIPANT, 14–17 YRS

Person responsible for payment .....

### Emergency Contact Information

#### Emergency Contact #1

First Name ..... Last Name ..... Relation to child .....  
Home Phone ..... Work Phone ..... Cell phone .....  
E-mail .....@.....

#### Emergency Contact #2

First Name ..... Last Name ..... Relation to child .....  
Home Phone ..... Work Phone ..... Cell phone .....  
E-mail .....@.....

### Medical Release Information

#### Insurance Information

Name of Health Insurance Provider ..... Policy Number .....

#### Primary Care Physician

Name ..... Phone .....  
Address .....

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

Medical Problem	Required treatment	Should paramedics be called?
.....	.....	<input type="radio"/> yes / <input type="radio"/> no
.....	.....	<input type="radio"/> yes / <input type="radio"/> no
.....	.....	<input type="radio"/> yes / <input type="radio"/> no

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.

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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 .....

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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 e-mail [rocaAF@gmail.com](mailto:rocaAF@gmail.com).

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### Section 4

### Terms of Agreement

#### Photo Release

I hereby give permission that my child be photographed during the 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 .....

### Section 5

### PARENT CONSENT AND CONDITIONS OF REGISTRATION

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 ..... /..... 2022