

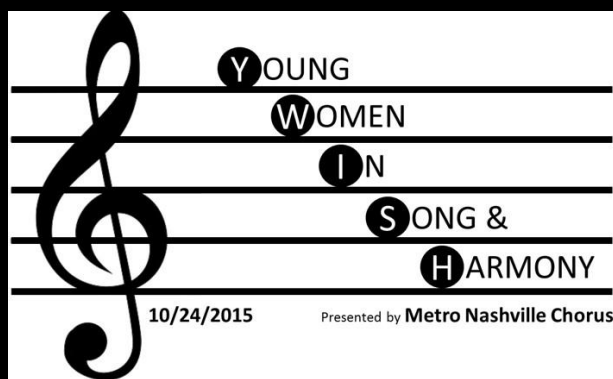
## YWISH Festival Participant Registration Form - Youth

Please complete all applicable sections of this form and return it with your entry fee of \$25 to:

**MNC YWISH Festival Coordinator**  
 6741 Autumn Oaks Dr  
 Brentwood, TN 37027

***Please mail your completed form and check (payable to MNC) by September 24, 2015!***

Name of Music Educator and School/Organization:



***Come sing with the Sweet Adelines International Regional Champions!!***

**Hillsboro High School, Nashville TN  
 Saturday, October 24, 2015**

### SECTION 1: PARTICIPANT PROFILE (PLEASE COMPLETE ALL ITEMS!)

Participant Information		
First & Last Name:		Age on 10/24/15:
Street address:	City & State:	Zip Code:
<i>Learning media will be sent digital, please provide your Email</i>	eMail:	
Have you participated in YWISH Festival before?    ___ 2014    ___ 2013    ___ 2012    ___ 2011		
What part do you usually sing in chorus? ___ Soprano 1    ___ Soprano 2    ___ Alto 1    ___ Alto 2		
Do you read music?    ___ YES    ___ NO		
What is your tee-shirt size?    ___ SMALL    ___ MEDIUM    ___ LARGE    ___ XL    ___ XXL (Ladies Sizes)                      (10-12)    (12-14)    (14-16)    (16-18)    (18-20)		
Parent or Guardian Information – Required for all participants under 18 on 10/24/15		
Name:		Relationship:
Daytime Phone:		Email
<i>Parent or Guardian must sign consent forms on page 2</i>		

**SECTION 2: PARENTAL/GUARDIAN CONSENT FOR YOUR PARTICIPATION**

*Please complete the following and provide your signature and date to document your consent for your minor child to participate in this event.*

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ hereby give my permission for her to participate in the Young Women in Song & Harmony (YWISH) Festival, sponsored by the Metro Nashville Chorus Chapter of Sweet Adelines International. I agree to release Sweet Adelines International Corporation and any and all of their agents from any and all liability arising from or in any manner related to her attendance at or participation in this event.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: YOUTH PHOTO/RECORDING RELEASE**

*Please complete the following and provide your signature and date to document your consent of any photographs or recordings including your minor child during participation in this event.*

I, being the parent/guardian of \_\_\_\_\_, hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use the name of my minor child and/or photographs/artwork/videotapes/electronic representations and/or sound recordings of my child on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media.

Furthermore, I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce and make other uses of such media as they desire free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form are assigned to Sweet Adelines International to be used in any manner consistent with the purpose of Sweet Adelines International.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: MEDICAL/EMERGENCY CONTACT INFORMATION**

*Participation in the YWISH Festival is not expected to create a medical or health risk for participants. However, it is beneficial for us to have information on file if a participant has allergies or specific medical conditions in the event that an incident occurs that could impact their health and medical attention is required. In the event that medical assistance is required for a minor participant, her parent/guardian will be contacted immediately.*

	Primary Emergency Contact	Secondary Emergency Contact
Name		
Relation to participant		
Phone Number 1		
Phone Number 2		

Please list any medical conditions or allergies in the space below that you would like the MNC event chaperones to know and communicate to medical responders in the event that medical assistance is required. (Please note that providing this information is optional and if provided, this information will be kept secured at all times and destroyed after the event.)
