



together in harmony

Pacific Shores Region 12 YWIH 2019 Workshop

REGISTRATION

NAME: _____ Age: _____ School: _____

Address: _____ City: _____ Zip: _____

Email confirmation to: _____ Phone # _____

Sweet Adeline Sponsor Name: _____ Chorus: _____

RELEASE OF CLAIMS & PHOTO/RECORDING RELEASE

I acknowledge that I am participating in Sweet Adeline International's, Region 12, Young Women in Harmony Program's Workshop, further known as (the Event), **January 26, 2019 at the Doubletree by Hilton Hotel, Sacramento, CA**, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you, that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

I understand this Event ends at 5:00 pm on Sat., Jan. 26, 2019 and after that time I am responsible for my child.

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

If under 18 years of age, parent must sign below:

I, being the parent/guardian of _____, hereby give permission for my daughter to participate in the above Event. I have read, and agree with, all terms of the above Release of Claims and Photo / Recording Release.

Parent Signature / Participant Signature if 18 yrs + Date Print Name

Mail this form with payment to: **YWIH Workshop c/o Cyndi Sharp
4125 Modoc Ct., Concord, CA 94521**

Or email information to: **csharpadeline@gmail.com** For information call: **925-671-9895**

Cost per student: **\$10.00** Make checks payable to: **Pacific Shores Region 12**

EMERGENCY MEDICAL RELEASE – MUST BE COMPLETED IF PARTICIPANT IS UNDER AGE 18

In the event of an accident or illness, and the parent or emergency contact person listed on this form cannot be reached through reasonable efforts, I give Sweet Adelines International Pacific Shores Region 12, permission to consent on my behalf to medical care as deemed appropriate, under the supervision and advice of any physician or surgeon licensed to practice in the state of California, for my child listed below. This authorization shall be valid for **Saturday, January 26, 2019**. I agree to this Emergency Medical Release statement and do hereby indemnify, and hold harmless, the physician, hospital and other persons who act in reliance upon this authorization.

Parent must sign below:

I, being the parent/guardian of _____, hereby agree and consent to the terms in the above Emergency Medical Release.

Parent Signature

Date

Print Name

Emergency Contacts: Name & phone numbers of parent/contact who can be reached on **Saturday, January 26, 2019**.

Name #1: _____

Phone: _____

Phone: _____

Name #2: _____

Phone: _____

Phone: _____

Region 12 Q/DQ Parade YWIH Quartet Information Sheet

Purpose

The Region 12 Q/DQ Parade provides an opportunity for Young Women in Harmony (a cappella singers under the age of 26) who wish to compete in quartets before a Region 12 audience. This event is held on Saturday evening of the Region 12 January AIM (Adventures in Music) weekend.

The quartet receives judging scoresheets with numerical scores (0 to 100) and coaching comments, a video of their performance, a photo, and a certificate of participation. If there are 3 or more contestants, prizes will be awarded based on the following formula:

- 3 contestants – a first prize will be awarded
- 4 contestants – a first prize and second place prize will be awarded
- 5 or more contestants – a first, second, and third place prize will be awarded.

Definition

A **YWIH Quartet** is a group of 4 a cappella singers singing barbershop harmony, in which **no member is over 25 years of age**.

Eligibility

1. Each member of the **YWIH Quartet** must have registered for the YWIH quartet workshop day.
2. Each member of the **YWIH Quartet** must have submitted a registration form. If under the age of 18, a parent or guardian must also sign.
3. The **YWIH Quartet** does not need to be officially registered with Sweet Adelines International Headquarters.
4. No person may sing with more than one **YWIH Quartet** in a given Q/DQ Parade. However, it is permitted for any member to also sing in a Double Quartet in the same evening.
5. All members of the **YWIH Quartet** shall be registered for the January AIM weekend during which the Q/DQ Parade is being held.
6. If a **YWIH Double Quartet** wishes to participate, they should contact the Quartet Program Manager.
7. Substitutions of personnel may be made in case of illness or emergency no later than one hour before the scheduled start of the Parade, provided that the substitution does not violate any of the above eligibility requirements. The Regional Quartet Program Manager (QPM) must be notified of any change.

Entry Process

1. There is no entry fee (but note the eligibility requirement above that all members must be registered for the YWIH workshop).
2. Registration forms must be returned to the Quartet Program Manager by **January 11, 2019**.
3. Late entries will be allowed at the discretion of the QPM and the Region 12 Events Coordinator.

Parade Format

1. Two separate songs or medleys shall be sung. Total singing time shall be no less than three nor more than seven minutes.
2. No religious or patriotic songs may be sung. No Sweet Adeline theme songs such as "Harmonize the World" and "How We Sang Today" may be sung.

Evaluation

1. A judging panel will evaluate the contestants according to the standard Sweet Adelines International judging categories for the International Division.
2. Numerical scores will be given and a tally will determine additional prizes depending on number of competitors, as stated above.
3. The participants will be given written evaluation sheets and a video of their performance.

Q/DQ Parade – YWIH Quartet Entry Form

Registration Deadline:

Region 12's annual Q/DQ Parade will be held Saturday evening of the January Adventures in Music Weekend at the Doubletree Hotel in Sacramento.

Please fill out this registration form as soon as possible and return the form to the Quartet Program Manager at the email address below by **January 11, 2019**

Name of your Quartet:

Quartet Contact Person:

Contact email address and phone number:

Tenor: _____ Chorus: _____ Pre-Registered? (Y/N)

Lead: _____ Chorus: _____ Pre-Registered? (Y/N)

Bari: _____ Chorus: _____ Pre-Registered? (Y/N)

Bass: _____ Chorus: _____ Pre-Registered? (Y/N)

Has any member of your Quartet competed in a contest with Sweet Adelines (Regional or Rising Stars)?

If yes, how high has that member (or your quartet) placed in the contest?

Is anyone in your Quartet ALSO performing in the Double Quartet Parade?

If yes, list their names and double quartet names here:

Singer: _____ Double Qtet: _____

Singer: _____ Double Qtet: _____

Singer: _____ Double Qtet: _____

Singer: _____ Double Qtet: _____

Please email this form to:

Wendy Gibson
Region 12 Quartet Program Manager
bassesq@pacbell.net
(415) 883-0166

If you don't get a confirmation within 3 days of when you sent it, please contact me.

You will be notified of the Order of Appearance and the Contest schedule when all entries have been received.