

## YOUNG WOMEN IN HARMONY

a cappella workshop and quartet contest Pacific Shores Region 12 Sweet Adelines International

## REGISTRATION

January 28, 2023, 9:00 am – 4:30:00 pm, Contest is 7:30-10:00 pm.

The DoubleTree by Hilton, 2001 Point West Way, Sacramento, CA 95815

## Register with this form and pay online: www.sairegion12.org

Registration Fee: \$20 includes lunch

Payments can also be made on day of event. Make checks payable to: Pacific Shores Region 12For information email:csharpadeline@gmail.comor call:Cyndi Sharp925-639-2963

Name		Age		
Address				
Phone	School			
Send my email confirmation to:				
Emergency Contact: Name & phone numbers of parent / contact that can be reached on Sat. Nov 5, 2022				
Name:	Name:			
Phone:				
Medical Information:				
List any medical conditions, including; ADD, asthma, allergies, food restrictions we may need to know				
Medical Conditions:				
Food:  Gluten Free  Vegan  Lactose Intolerant  Allergies:				

## Release of Claims and Photo / Recording Release

I acknowledge that my child has permission to participate in Sweet Adeline International's, Region 12, Young Women in Harmony Program's A Cappella Workshop and Quartet Contest, further known as (the Event), **January 28, 2023**, The DoubleTree by Hilton, 2001 Point West Way, Sacramento, CA 95815. I affirm that my child is physically able to participate. If my child should become ill or injured during the Event, they may receive any medical attention deemed necessary by a licensed physician and be admitted to a hospital in case of emergency. I will assume responsibility for all costs for any medical and other expenses incurred in their care. I hereby waive any and all rights or claims I may have as a result of their participation in the Event against Region 12 and/or Sweet Adelines International and further agree to 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 in their participation in the Event.

I hereby give permission for the Sweet Adelines International organization, including its regions and chapters, to use my child's name, photographs, artwork, videotapes, electronic representations and/or sound recordings for promotional and public relations purposes in print and/or electronic media. I hereby consent that such photos, electronic representations, and/or sound recordings shall be the property of Sweet Adelines International and Region 12. They shall have the right to duplicate, reproduce, and use this property for promotion used in any manner consistent with the purpose of Sweet Adelines International, free and clear of any claim whatsoever on my part. I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

If student is under 18 years of age parent must sign below:

Child's Name

I, being the parent/guardian of

\_\_\_\_\_, hereby give permission for my

child to participate in the above Event.	I have read, and agree with, all t	erms of the above Release of Claim	ns and
Photo / Recording Release	-		

Date