ACDA Eastern Division High School Honor Choir Medical Form

Participant's Name:				
(Last)		(Fir	st)	(Middle)
Health Insurance Provider:		Policy Number:		
List all prescription medicati	ons you are currer	ntly on or might be	taking:	
Name: Dosa		Frequency: Rea		son:
Name: Dosage:		Frequency:	Reason:	
List any known food, drug, a	nimal, or environm	ental allergies:		
Circle any conditions for whi	ch the participant	is currently receiv	ing medical tre	atment:
Insulin Dependent	Insulin pump	Fainting	Inhaler	Auto Immune Disorders
ADHD	ADD	Depression	Other:	
List any other medical condi	tions for which the	participant is bein	ng treated:	
Physician's Name:			Office Phone:	
Address:				
If you wish to be called befor	e any over the cou	nter medication is	dispensed, plea	ase initial here:

If the participant listed above should require medical attention while participating in the Elementary Honor Choir in Boston, MA from February 10-13, 2016, Sean Landers, High School Honor Choir Manager; Jared Berry, Honor Choir Chair or a designated chaperone has my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I hereby authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the High School Honor Choir in Boston, MA.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the High School Honor Choir; therefore, I assume all risks related to participating in the High School Honor Choir. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the High School Honor Choir.

Please mail forms by October 1, 2015 to: Mr. Jared Berry c/o St. John the Baptist DHS 1170 Montauk Highway West Islip, NY 11795



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My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the State of Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

This form must be signed in the presence of a Notary Public.

Parent/Guardian Name (Print):	Signature:		
Home Phone:			
Work Phone:	Other Phone:		
Signed in my presence this day of	(month), (year).		
Witness my hand and seal this day of	(month), (year).		
Notary Public:	Notary Seal:		
My Commission Expires:			

This is not a legal document without the signature and seal of a Notary Public.

Please mail forms by October 1, 2015 to:
Mr. Jared Berry
c/o St. John the Baptist DHS
1170 Montauk Highway
West Islip, NY 11795

ACDA Eastern Division High School Honor Choir Expectation Form

Partici	pant's Name:				
	(Last)	(First)	(Middle)		
	llowing behavior expectations will be obse ACDA Eastern Division High School Honor		3		
1.	Singers must be present and on time for e	every rehearsal and scheduled act	tivity.		
2.	Singers are expected to have the music memorized before arriving in Boston and will be prepared for all rehearsals with music, pencil, and other rehearsal supplies and materials.				
3.	Singers will refrain from the use of profar students, directors, or other personnel.	nity and/or derogatory/hurtful re	emarks toward other		
4.	Singers will respect the authority of all dissmoothly.	rectors and other individuals hel	ping to make the event run		
5.	The use of tobacco, drugs, and/or alcohol	is strictly prohibited.			
6.	Singers will not leave their rooms after coallowed outside the hotel unless accompa		aperone. Singers are not		
7.	Singers are NEVER to be in the hotel room present.	m of a member of the opposite sex	unless a chaperone is		
8.	Use of hotel room phone by singers is not chaperones to call home. Cell phones will rehearsal. Cell phones must be out of sigh This will be strictly enforced; Singers who confiscated.	be permitted OUTSIDE the reheant during a rehearsal (turned off—	rsal space before or after a -not just on silent mode).		
9.	Singers will be expected to take responsib	bility for your own actions. Do wh	nat is right as a member of		
	a prestigious ensemble. You are represent	-	_		
10	All rules and regulations from individual s		haperone and/or choir		
	director will be the ULTIMATE authority.				
11	Failure to meet these expectations may re at the singer's/singer's guardian's expens		ransportation home will be		
I have	read, understand and accept the expect	tations for the High School Hon	or Choir.		
Singer	's Signature				
Parent	/Guardian Signature				
	permission for the singer listed above to Choir, February 10-13, 2016.	o participate in the ACDA Easte	rn Division High School		
Parent	/Guardian Name (please print)				
Parent	/Guardian Signature				
Daytin	ne Phone Eve	ening Phone:			
Parent	E-mail				

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Singer's E-mail