



REGISTRATION FORM

Harmony Explosion 2019

October 25 & 26, 2019

Tommy Douglas Collegiate
130 Bowlt Crescent, Saskatoon

Registration fee: Early Bird - \$35.00

After September 30 - \$40.00

Please send the completed Registration Form (2 pages) to saskatoonharmony@gmail.com.

_____ E-transfer using saskatoonharmony@gmail.com including participant's name in the Comments.

_____ Cheque payable to "Harmony Festival". Send to 51-310 Kingsmere Blvd, Saskatoon, SK S7J 4S4

NAME: _____ AGE: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____

CHORUS: Male Female VOICE PART: Tenor Lead Baritone Bass

(Not sure of your voice part? Check [links](#) to Sample Audio files)

EMAIL ADDRESS: _____

(Once registered, this email will be used to provide you with links to the music and learning tracks)

T-SHIRT (circle size) : Adult: Small / Med / Large / XL / 2XL / 3XL / 4XL / 5XL / 6XL
 Ladies: X-Small / Small / Med / Large / XL / 2XL / 3XL / 4XL
 Youth: X-Small / Small / Med / Large / XL

SCHOOL/UNIVERSITY/OTHER (if applicable): _____

HOW DID YOU HEAR ABOUT THE WORKSHOP? _____

By registering for **Harmony Explosion 2019** I (or, if participant is a minor, the parent/guardian) give permission for **Harmony Explosion 2019**, Sweet Adelines International, Acoustic Theory, and Magic City Chorus to use 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. By registering I (or if participant is a minor, the parent/guardian) agree to release **Harmony Explosion 2019**, Sweet Adelines International, Acoustic Theory, and Magic City Chorus, and any and all of their agents from any and all liability arising from or in any manner related to my transportation to, attendance at, or participation in rehearsals, social activities and performances.

If you have any questions please email Emilee Kowaliuk, Registrar, at saskatoonharmony@gmail.com

Emergency Medical Information



To be completed by ALL participants and returned with Registration form.

The information on this form may be used by and shared with the Harmony Explosion 2019 committee/staff or Magic City Chorus representatives or medical personnel to support the health and safety of the participant and administer or authorize appropriate first aid, medical attention or additional support.

Participant's Name: _____

Birthdate: _____ Age: _____ Sk. Hospitalization #: _____

Emergency Contact Information:

Harmony Explosion 2019 hours: Fri 6:30 pm – 9:30 pm; Sat 9:00 am – 4:45 pm. Show in the evening

1. Name: _____

Home Phone: _____ Cell: _____

2. Name: _____

Home Phone: _____ Cell: _____

Any food or other allergies? _____ If yes, describe: _____

Any restrictions on activities? _____ If yes, describe: _____

Any other medical conditions of which we should be aware? _____ If yes, describe: _____

If the participant is 18 Years of age or older, please complete this section:

As a participant in the Harmony Explosion 2019, sponsored by Magic City Chorus, Chapter of Sweet Adelines International, I hereby give permission for the Harmony Explosion 2019 Committee/staff, to act on my behalf if I am unable to do so, in the event of a medical emergency and if the emergency contacts provided cannot be contacted or located. I give my permission to the physician and medical personnel selected to provide all necessary and appropriate medical care including but not limited to transport, hospitalization, injections, anesthesia, and surgical procedures.

Date: _____ Participant signature: _____

If the participant is a minor (under 18), parent/guardian please complete this section:

I, _____ parent/guardian of _____ who is participating in the Harmony Explosion 2019, sponsored by Magic City Chorus, Chapter of Sweet Adelines International, hereby give permission for the Harmony Explosion 2019 committee/staff, to act on my child's behalf in the event of a medical emergency if I cannot be contacted or located. I give my permission to the physician/medical personnel to provide all necessary and appropriate medical care to my minor child including but not limited to transport, hospitalization, injections, anesthesia, and surgical procedures.

Date: _____ Parent/Guardian signature: _____