



Region 17 YWIH  
**Information and Rules**



## **Event Information & Submission Instructions**

### **Young Women in Harmony Chorus Festival on Ice**

- **Timing** – This will be held Fri/Sat, Jan 20 and 21, 2012. Chorus will begin 7 pm Fri. Sat. rehearsal begins 9 am and ends at 4 pm for the quartet contest. Chorus then performs Sat evening on the Show.
- **Fees** – There is **no registration fee for the YWIH Festival Chorus on Ice this year**, but you will likely be asked to wear/bring a certain color of shirt/pants.

### **Young Women in Harmony Rising Star Quartet Competition**

- **Timing** – This will be held Sat Jan 21, 2012. Quartet Briefing 7:30 am sharp Sat. morning near hotel registration desk. If you are also in the Festival Chorus, the first quartet will be excused to prepare for the Quartet Contest at about 2:30pm. Quartet Contest begins about 4:10. The first quartet enters the pattern at 3:30 pm
- **Fees** – **Quartet registration** requires a fee of **\$20**, made payable to Region 17 Sweet Adelines. Check with your area Sweet Adeline choruses to see if they would like to sponsor your quartet and pay for your registration.

**Location** – These events will be held at the Sawmill Creek Resort in Huron, OH. For directions and more information please visit: <http://www.sawmillcreek.com/>

### **Submission Instructions:**

#### **Submit the following forms by Dec 30, 2011:**

- Registration Forms for each event (all participants)
- Permission to Participate & Approved Chaperone (all under 18 if no parent attending)
- Emergency Medical Info and Release for Treatment (all under 18 if no parent attending)

**Submit forms to:** Dawn Seigneur  
711 Maplewood St.  
Delta, OH

**Email Questions to:** [seigda@windstream.net](mailto:seigda@windstream.net)

**Photos** – Bring **Photography Form & money** with you to the event



## RULES



Open to Young Women 25 years of age and under.

First place quartet may choose to compete in the International Denver, and will receive financial assistance to compete in the in Nov 3, 2012 Rising Star Quartet Competition.

Note to quartets: if you win this contest and plan to compete in Denver Colorado, no member can turn 26 years of age before Nov 4, 2012 or they will be ineligible to compete in Denver.

For Quartets: Sweet Adeline YWIH contest rules for song selection will apply. Refer to [www.sweetadelineintl.org](http://www.sweetadelineintl.org) (click Education, then Young Women In Harmony to find YWIH arrangements. Click Competition/Results and click Rising Star to find Rising Star Contest Rules and Regulations)

For **Chorus and Quartet** participation, young women under age 18 **must** be accompanied by parent or an adult chaperone when not in rehearsal.

Minors: no visitors of the opposite sex allowed in rooms without the parent-approved chaperone present.

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**Forms must be received by Dec 30, 2011**



Region 17 YWIH  
**Permission to Participate  
and Approved Chaperone**



I, \_\_\_\_\_parent/guardian of  
\_\_\_\_\_, age \_\_\_\_\_,  
hereby give my permission for her to participate in the Region 17 Chorus Festival and/or  
the Quartet Competition Jan. 20-21, 2012 and agree to the following:

1. I agree that I shall be legally and financially responsible for her participation in the event including registration fee (quartets), lodging, meals, and photography (if applicable).
2. I shall be responsible for arranging transportation to and from the event.
3. I agree to be responsible for any and all expenses related to her participation in the event, including but not limited to travel, hotel accommodations.
4. I agree to accompany her to the event. If I cannot accompany her, she will have a chaperone approved by me, to accompany her.
5. In the event she is accompanied by a chaperone, I agree to provide the chaperone and YWIH Coordinator with an Emergency Medical Form and Release for Treatment. Form is provided by Region 17 at [www.region17online.org](http://www.region17online.org). Click Young Women.
6. I agree to release Sweet Adelines International and any/all of their agents from any/all liability arising from or in any manner related to her transportation to/from, attendance at, or participation in this event.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved Chaperone Name Printed  
Required for all minors not accompanied by parent

\_\_\_\_\_  
Approved Chaperone Signature



Region 17 YWIH  
**Registration Form**  
 Forms are due by December 30, 2011



Please Type or Print Clearly

**YWIH Chorus Festival on Ice**  
**Fri Jan 20 7pm through Sat evening Jan 21**

Chorus Participant Name \_\_\_\_\_  
 Age \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 School Name, City & State \_\_\_\_\_  
 School Vocal Teacher Name \_\_\_\_\_

Quartet members are encouraged to participate in the Chorus Festival on Ice. The event is structured such that you can do both. Sheet music and learning tapes will be provided so that you can practice before the event.

**Reg. 17 Rising Star Quartet Competition**  
**Briefing 7:30 am Jan 21, 2012**

Quartet Participant Name \_\_\_\_\_  
 Age \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Quartet Name \_\_\_\_\_  
 Voice Part  Tenor  Lead  Baritone  Bass \_\_\_\_\_  
 School Name \_\_\_\_\_  
 Vocal Teacher Name \_\_\_\_\_  
 Quartet Contact Person \_\_\_\_\_

**Are you also participating in the Chorus Festival on Ice? If so, please don't forget to register at the top of this form.** If you are not participating in the Chorus Festival on Ice, and plan on arriving Saturday morning, you need to arrive very early. The **quartet competition briefing** will be at **7:30 am sharp** near hotel registration desk, by the fireplace. There is a \$20 quartet registration fee. One member of your quartet must send the \$20. Check with your area Sweet Adeline chorus. They may want to sponsor you.

**You will not be officially registered until I have received forms from all four members.**



Region 17 YWIH  
**Emergency Medical Information  
and Release for Treatment**



Name of Minor \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_

(please circle)

Does Youth Member Have Any Allergies? Y N

If yes, please list: \_\_\_\_\_

Does Youth Member have restrictions on activities for medical reasons? Y N

If yes, describe: \_\_\_\_\_

Are there any medical conditions of which we should be aware? Y N

If yes, describe: \_\_\_\_\_

Does Youth Member take any medications? Y N

If yes, please list: \_\_\_\_\_

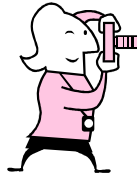
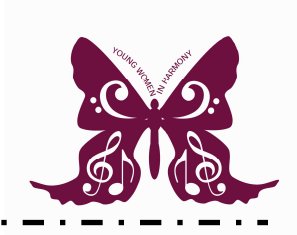
Youth Member Blood Type: \_\_\_\_\_

**In the Event of a Medical Emergency during Jan 20 - 22 2012, I give my permission to the physician to provide all necessary and appropriate medical care to the minor child including but not limited to hospitalization, injections, anesthesia, and surgical procedures.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**ABOUT REGION 17 AND  
RISING STAR COMPETITION  
OFFICIAL PHOTOGRAPH ORDER FORM**



**Shaffer Photography**

Pat Shaffer, photographer

Quartet Name: \_\_\_\_\_

Quartet Costume Description: \_\_\_\_\_

Quantity	Description	Unit Price	Total
_____	Quartet Special (4-5x7)	\$20.00	_____
_____	Additional 5x7 (Added to Quartet Special. Not Available Individually)	\$ 3.00	_____
<b>TOTAL AMOUNT</b>			_____

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*Mail Photographs to (Please print or type)*

Quartet Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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ORDER WILL BE MAILED 4 TO 8 WEEKS AFTER COMPETITION

***Order form and check or cash, to be completed***

**And given to photographer when photo is taken or turned at the quartet briefing.**

Checks made payable to Pat Shaffer