

CWTA Choir Connection



July 21-25, 2008

YOUTH REGISTRATION

Please use a separate form for each registration

First name

Last name

Date of birth

Grade in **September '08**

Gender

Name of Church

Address

City/State/Province/Zip

Email

Day phone

T Shirt (circle one) Youth S M Adult S M L XL

CHAPERONE INFORMATION; required for residential participants. Each chaperone must be age 21 or older and must complete a Chaperone Registration Form.

Chaperone First name

Last name

My chaperone is a member of my church or choral group who is bringing a group of Choir Connection participants and is is not (check one) registering for the CWTA conference

My chaperone is a relative/guardian who is registering for the CWTA conference and we will be roommates.

Other _____

Registration Type

Residential: \$ 325 _____
Residential participants reside on campus with an adult chaperone. The fee includes lodging M – Th. and meals from M lunch through F breakfast.

Commuter: \$ 225 _____
Commuters reside off-campus. The fee includes lunches M - Th.

Special Needs: Please describe. _____

Airport Shuttle: If you will take the airport shuttle to campus, please sign up for that service with your chaperone on his/her registration form.

Payment Information: You may pay your fee as an individual or you may include your fee together with your chaperone.

My payment will be included with my chaperone's registration.

Charge the fee to:

Visa MasterCard Discover

_____-_____-_____
Card number

_____/_____
Expiration date

Name as printed on card

Signature

Or: Mail check payable to St. Olaf College:

St. Olaf Conferences, CWTA
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057-1098

Or: FAX to 507-786-3690

Refund policy: Written cancellations received prior to July 1 will receive a refund less a \$50 administrative fee. No refunds after July 1.

PARENT WAIVER

As the parent or guardian of the minor registering for this St. Olaf College program, I consent to his/her participation and I understand and agree as follows:

1. My child/ward is healthy and capable of fully participating in all aspects of the program.
2. My child/ward has sufficient health insurance to cover her/him during her/his participation in the program.
3. I understand that St. Olaf College does not provide insurance for program participants.
4. I hereby release and discharge St. Olaf College and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death.
5. I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in the program, including and without limitation to my child/ward's injury, illness, and death.

Emergency Contact information

Name and relationship to participant: _____

Phone 1: _____ Phone 2: _____

Insurance Provider _____ Policy Number _____

This waiver will be governed by the laws of the State of Minnesota. I have read this waiver carefully and I understand and agree to be bound by the provisions herein.

Parent or Guardian Signature _____