



25TH MORAVIAN MUSIC FESTIVAL

YOUTH REGISTRATION

(completed grades 7-12)

July 23-29, 2017

Home Moravian Church and Salem College
Winston-Salem, North Carolina

PART I. PERSONAL INFORMATION

Youth's Name: _____

(circle one) M F Age (as of July 23, 2017): _____ Birth Date: ____/____/____ Grade Completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

I am attending the festival with my child: ____ Yes ____ No.

If not attending the festival, I am designating the following adult to be responsible for my child during the week:

Name of Responsible Adult: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

PART II. PARTICIPATION AT THE FESTIVAL (Choose One Option)

____ Chorus (check one): Sop I ____ Sop II ____ Alto ____ Tenor ____ Bass ____ -or-

____ Concert Band (instrument): _____ Years played: _____ -or-

____ Youth Music (voice part or instrument): _____ -or-

____ Children's Program: ____ I wish to participate as a singer OR ____ I wish to participate as a teen helper.

If there is no space in the children's program, then my second choice would be:

____ Band OR ____ Chorus OR ____ Youth Music (Please indicate your instrument or part above.)

PART III. MEDICAL INFORMATION – For parents to fill out:

Medical Insurance Company: _____ Policy #: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Please list all of your child's allergies: (Bee stings, pollen, food, peanuts, medications, etc. Please be specific.) _____

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma: _____ Epilepsy/Seizure disorder: _____ Heart trouble: _____

Frequently upset stomach: _____ Diabetes: _____ Frequent headaches: _____

Date of last tetanus shot: _____ Does your child wear glasses? _____ Does your child wear contact lenses? _____

Should your child's activities be restricted for any reason? Please explain: _____

_____ Can your child swim? _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. *Include names of medications and dosages that must be taken.*

PART IV. SIGNATURES AND PERMISSIONS

I grant permission for photographs, videos, and recordings of my child to be used in future publications or recordings or online by the Moravian Music Foundation and the Interprovincial Board of Communication. ____ Yes ____ No

I give my child permission to participate in the 25th Moravian Music Festival:

Parent / Guardian Signature: _____ Date: _____

PART V. FEES

*Thanks to generous donors,
there is no tuition charged for the youth program. Meal costs are also partially subsidized by these gifts.*

Room and Board (Salem College housing)\$280 _____

Meals Only (per person for the week for those not living on campus)\$75 _____
(individual meal tickets may be purchased at the Festival for those only desiring lunches)

Wednesday Afternoon Activities

Organ crawl (includes bus transportation)\$30 _____

Bethabara, Bethania, and the Moravian Archives/Music Foundation\$35 _____

Festival T- Shirt

Child Sizes: S ____ M ____ L ____ Adult Sizes: S ____ M ____ L ____ (each \$12.00) _____

Late registration surcharge (if postmarked after June 1)..... \$50.00 _____

Total Due..... _____

Registration due June 1, 2017. If you register after June 1, you are responsible for your own housing arrangements.

PAYMENT: Please send this form with your check or money order (US Currency) payable to:

Moravian Music Festival, c/o Moravian Music Foundation, 457 S. Church Street, Winston-Salem, NC 27101.