

**Lone Star Harmony Brigade**  
**Youth in Harmony Workshop: Houston**  
**March 29, 2014**  
**Registration Form**

Use this form if you prefer to pay by check or money order. Please print this Registration Form (2 pages) and follow instructions at end of form for mailing in registration.

**Workshop Participant**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

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

**Parent or Legal Guardian of Workshop Participant:**

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

Relationship to Participant: \_\_\_\_\_

Address info if different than Participant's: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

## Registration Fee

Fee is **\$15.00** for registrations **received by the March 25, 2014 deadline** includes:

- One day of classes and rehearsals focusing on singing technique, barbershop harmony, showmanship and performance skills.
- 2 meals, snacks, and beverages
- The Lone Star Harmony Brigade Show which will star the Brigade Chorus, Workshop Chorus, and Spoiler Alert Quartet. (Show is free for Workshop attendees; for others: \$15; \$10 for Senior Citizens & Students)  
Music and learning CDs for each performance piece (3 songs)
- T-shirt to be worn at the Show on Saturday evening

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### **PAYMENT INFORMATION**

Payment for \_\_\_\_\_ (Participant's Name):

#### **Registrations received by March 25, 2014**

Fee: \$15.00

**PAYMENT BY CHECK:** Please make Check payable to the **Lone Star Harmony Brigade**

Send completed Registration Form and Check to:

**Registrar, Youth in Harmony Workshop: Houston**  
**c/o Bob Reckers**  
**3926 Dell Lane**  
**Missouri City, TX 77459**

For any Registration, contact Bob Reckers 513.218.6278  
or email [YIH@lshb.org](mailto:YIH@lshb.org)

**Lone Star Harmony Brigade**  
**2014 Youth in Harmony Workshop: Houston**  
**MEDICAL RELEASE FORM**

**NO SHARING OF MEDICATIONS OF ANY KIND IS PERMITTED.**

*Lack of compliance is grounds for immediate dismissal from Youth in Harmony Workshop.*  
Medication will be administered only with written authorization from a parent.

DOB: \_\_\_/\_\_\_/\_\_\_ Participant's Age at date of workshop: \_\_\_

Date of last tetanus shot: \_\_\_

**ALLERGIES**

Medication (s): \_\_\_\_\_

Food (s): \_\_\_\_\_

Other: \_\_\_\_\_

My child has a chronic condition of: \_\_\_\_\_

*(Example: asthma, epilepsy, anxiety disorder etc.)*

The prescription and non-prescription medication is to be brought in the original container. Prescription medication is to be appropriately labeled by the pharmacy or physician stating the name of the medication, the dose, and the time to be administered.

• Name and form of prescription medication \_\_\_\_\_

Dosage\_\_\_\_\_ Time to be given \_\_\_\_\_ Possible Side Effects\_\_\_\_\_

• Name and form of prescription medication\_\_\_\_\_

Dosage\_\_\_\_\_ Time to be given \_\_\_\_\_ Possible Side Effects\_\_\_\_\_

• Name and form of prescription medication\_\_\_\_\_

Dosage\_\_\_\_\_ Time to be given \_\_\_\_\_ Possible Side Effects\_\_\_\_\_

Please indicate with a checkmark which of the following non-prescription medicines are approved for this student.

- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acetaminophen         | <input type="checkbox"/> Benadryl® | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Ibuprofen             |                                    |                                      |
| <input type="checkbox"/> Other – specify _____ |                                    |                                      |

Dosage for a medication will be according to manufacturer's recommendations (age and weight appropriate) on the label unless otherwise indicated by the physician.

**PRESCRIPTION MEDICATIONS**

I request that my child self- administer the prescription medication (for example: inhalers, insulin, EpiPen®).as indicated by the physician’s order rather than by the Workshop Staff.

**NON-PRESCRIPTION MEDICATIONS**

I request that my child self- administer the non-prescription medication as approved for the student rather than by the Workshop Staff.

I hereby give my permission for \_\_\_\_\_ to take the above medication at Youth in Harmony Workshop: Houston. I understand that it is my responsibility to furnish this medication. I further understand that any staff member who administers any drug to my student in accordance with written instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.



Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAKE SURE YOUR CHILD BRINGS ALL MEDICATIONS THEY NEED**  
*(include your own EpiPen®, inhaler, ibuprofen, etc.)*

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**SPECIAL NEEDS**

My child has the following special needs

\_\_\_ Physical Limitations – please explain: \_\_\_\_\_

\_\_\_ Dietary Needs – check following: \_\_\_ Vegetarian \_\_\_ Vegan \_\_\_ Other (explain below)

Anything else we should know about the Workshop Participant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that I cannot share medications with anyone, and agree that I will not give nor receive any medication from anyone. Violation of this rule will be grounds for removal from the Workshop.**



Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Lone Star Harmony Brigade  
2014 Youth in Harmony Workshop: Houston  
Parental Liability Release Form**

In consideration of the teaching, coaching, and musical experience being offered by the Youth in Harmony Workshop: Houston, I hereby release and discharge the Lone Star Harmony Brigade and their supporters, both as an organizations and its individual members, individual members of the Youth in Harmony Workshop: Houston faculty, its sponsors, affiliated organizations, and Cypress Falls High School from responsibility and liability for injury to, or the loss or damage to property of my son arising during or in relation to the 2014 Youth in Harmony Workshop: Houston.



\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Workshop Participant

\_\_\_\_\_  
Date

**THIS FORM MUST BE SIGNED AND  
RETURNED BY MARCH 25, 2014.**

**Lone Star Harmony Brigade  
2014 Youth in Harmony Workshop: Houston**

**EMERGENCY CONTACT FORM**

Phone #1 \_\_\_\_\_ Relation to attendee: \_\_\_\_\_

Phone #2 \_\_\_\_\_ Relation to attendee: \_\_\_\_\_

Insured: Y N Insurance Carrier: \_\_\_\_\_

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

Doctor to be called: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to be called: \_\_\_\_\_ Phone: \_\_\_\_\_

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR (1) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY ABOVE-NAMED DOCTOR, OR, IN THE EVENT THE DESIGNATED PREFERRED PRACTITIONER IS NOT AVAILABLE, BY ANOTHER LICENSED PHYSICIAN OR DENTIST; AND (2) THE TRANSFER OF THE PARTICIPANT TO ANY HOSPITAL REASONABLY ACCESSIBLE. PREFERRED LOCAL HOSPITAL: \_\_\_\_\_.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY OF SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY. FACTS CONCERNING THE PARTICIPANT'S MEDICAL HISTORY ARE OUTLINED ABOVE.



Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**REFUSAL TO CONSENT**

I **DO NOT** give my consent for emergency medical treatment of the participant. In the event of illness or injury in requiring emergency treatment, I wish the 2014 Youth in Harmony Workshop: Houston Counsels and/or Faculty to:

\_\_\_\_\_  
\_\_\_\_\_



Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Lone Star Harmony Brigade 2014 Youth in Harmony Workshop: Houston

## Transport Authorization Form

If other than a parent or guardian, I hereby give my permission for my son, name: \_\_\_\_\_ to ride in a car driven by the Permitted Driver as designated below to and from the Youth in Harmony Workshop: Houston at Cypress Falls High School.

Name of Permitted Driver: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent (Please Print)



\_\_\_\_\_  
Signature of Parent



\_\_\_\_\_  
Date

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## 2014 Youth in Harmony Workshop: Houston

### Photo/Video Release Form

I hereby give permission for images of the below Workshop Participant, captured during Youth in Harmony Workshop: Houston activities through video, photo and digital camera, to be used solely for the purposes of Youth in Harmony Workshop: Houston (including Sponsors, and Grantors) promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please print): \_\_\_\_\_



Signature of Participant: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_



Parent/Guardian's Signature: \_\_\_\_\_

# Lone Star Harmony Brigade

## Youth in Harmony Workshop: Houston

### FREQUENTLY ASKED QUESTIONS

***Who is Eddie Martinez, Clinician?*** – Eddie, a certified singing judge in the Barbershop Harmony Society and a long-time singing/performance coach, has been singing as long as he can remember and comes from a musical family.

He started barbershopping in high school and developed a love for a cappella singing then. He has sung all four parts over the years - though when he sang bass it was in a mixed group (Hook 'em Harmony) so he didn't have to hit the really low notes! He won the Rocky Mountain District contest singing baritone in The Boys Next Door. He has sung in and directed choruses that have won district and competed at the international competition.

Eddie was the founder and original director of the Heart of Texas Chorus, the director of A Cappella Texas and has coached throughout the Southwestern District. Coaching has taken him to New Mexico, Oklahoma, Hawaii, Alaska, New Zealand (NZABS) and twelve times to Australia (AAMBS).

He's a graduate from the University of Texas at Austin (B.S. in Education), a Life Member of the Texas Exes Alumni Association, a Life Member of Kappa Kappa Psi, a former member of Longhorn Singers and Longhorn Band (trumpet), a current member of the University of Texas Longhorn Alumni Band, and a member of BHS.

Most recently, Eddie has worked as the choral assistant at Cedar Park High School (LISD), where he took a large role in directing the men's choir, including a large amount of barbershop into their repertoire.

***Who is Spoiler Alert, Teaching Quartet?*** - Spoiler Alert is an exciting, award-winning a cappella quartet made up of four versatile vocalists. Steeped in barbershop harmony and the choral tradition, Spoiler Alert enjoys singing many styles of music, including vocal jazz, blues, barbershop, gospel, rock 'n roll, contemporary a cappella, pop, choral, folk, and standards from the Great American Songbook. Within the Barbershop Harmony Society (BHS), Spoiler Alert is the current 2013 Southwestern District Quartet Champion and is a qualifier for the 2014 International BHS Quartet Contest. In March 2013, Spoiler Alert worked with the BHS Headquarters Staff and Society CEO, Marty Monson, to represent the BHS at the American Choral Directors Association's National Convention in Dallas, TX. Since Bryan and Seth are choir directors in Georgetown ISD, and Grant is the director of the Heart of Texas Chorus, Spoiler Alert is very active in the Youth in Harmony program and is happy to be a part of this weekend with LSHB and YIH.



## **WHAT TO BRING?**

***Water*** – there will be some on site but you may want to bring your own water bottle.

***Comfortable Clothes & Shoes*** – We will be doing a lot of learning and performing (on your feet much of the time).

***Spending Money*** – Optional – If you bring money for Vending Machines, please bring quarters rather than big bills; change is, generally, not available.

***Toiletries*** – all of your “stuff” that you need to spend the day and evening: toothbrush, toothpaste, glasses/contacts & solution, deodorant, etc.

### ***Clothes***

#### ***FOR the day:***

All participants are encouraged to wear a shirt with their school logo.

#### ***FOR the evening performance:***

You will receive a T-shirt after dinner on Saturday to wear for the performance. All attendees will wear that T-shirt and khaki trousers or jeans for the performance.

**WHAT NOT TO BRING:** Please leave your valuables at home. We are not responsible for damage or loss.

For security reasons, laptop computers are not allowed. Please leave them at home!!