Convention Logo here

Date

Dear Students,

Thanks for your interest in the 20?? AGO (city name) National Convention High School Day, to be held on (date here). This is your opportunity to get a taste of the American Guild of Organists National Convention, a biennial event attended by well over 1,000 organists and organ enthusiasts from across the nation and several foreign countries. We are very excited to host the AGO National Convention in (city name)!

This High School event gives students interested in the organ a way to experience all the excitement of the convention at a small fraction of the cost. The regular student registration fee for the full convention is $???, but we are offering this one-day event for high school students for $??.

All students who will be enrolled in high school this fall or who just graduated from high school this spring are eligible for this event.

Our schedule for the event is printed below. With the current itinerary, parents will drop off their students at ???, and pick them up from ???.

* 8:30-8:45: Arrive at ???
* 9:00-10:55 AM: Attend convention workshops (your choice of 19 exciting options--see list on last page—as well as the exhibit hall)
* 11:00 AM – 12 Noon: Pizza Lunch
* 12:00 Noon: Board special bus to ???
* 2:00 PM: Recital: ???
* 3:00 PM: Bus to ???
* 4:00 PM: Recital: ???
* 4:50-5:15 PM: Parents pick up students from ???

Please fill out the registration form and waiver on the next pages and mail them, with your payment, to the address at the bottom of the form. Please include your check for $20 per student made out to AGO 20?? National Convention.

We looking forward to seeing you at the Convention! Feel free to contact me with any questions at my email below.

Sincerely yours,

???

Chairman, Committee for Youth Development

AGO 20?? (city name) Steering Committee

Email address here

20?? AGO (city name) National Convention High School Day

Consent/Medical/Insurance Form

STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY GROUP NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY PHYSICIAN (name and phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies (including those of medicines and food) or physical limitations that should be considered. List dosages of medications currently being taken:

Allergies/Limitations

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

Medications/Dosages

Dietary requirements? If so, please explain briefly.

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

In the event of serious accident or illness, if you cannot be contacted, do you grant permission to take your son/daughter to a physician or hospital, and do you consent to any emergency treatment? Please initial yes or no.

YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

The undersigned student and parent/guardian hereby consent to participation by the student in the AGO (city name) National Convention High School Day:

* We understand that the chaperones are volunteering their time to assist coordinators and students in getting to and from events and monitoring their behavior. The chaperones cannot assume responsibility for the behavior of individual students.
* We hereby waive any claims against, and release, and forever discharge any liabilities of any and all AGO coordinators, faculty, and chaperones, for any damage or injury to the student or his or her property that may occur during the event.
* We certify that the student has no known medical problems or allergies, is not taking any medications and has not recently been exposed to any communicable diseases, except as described above. We hereby grant permission to any doctor, dentist, nurse, paramedic or other licensed health professional to treat the student should the need arise. Any chaperone may give any additional medical consent that may be requested.
* We understand that if a medical problem or condition arises, every reasonable attempt will be made by any chaperone to contact the parent/guardian.
* We agree that if the student should have to be sent home due to any medical condition, that this should be determined by one or more chaperones and at least one medical doctor.
* We, the parent/guardian, acknowledge our responsibility for any problem created by the student during the High School Day, including any disciplinary or other non-medical problem. If the student must be sent home for medical or disciplinary reasons, we the parent/guardians agree to pay for the travel expenses or to reimburse for any such costs paid by others.
* If any emergency or any problem of any kind arises concerning the student, every attempt will be made to reach the parent/guardian named above at the phone numbers set forth. If it is impossible to reach these responsible individuals, we hereby consent and give authority to one or more chaperones to take such action as is reasonably necessary under the circumstances, and we do hereby release and forever discharge any and all chaperones and High School Day coordinators from any claims, liability or causes of action whatsoever regarding any damages, costs, injury, or demands whatsoever in law or in equity to the student or his or her property resulting from their acts or actions.
* The undersigned parents/guardians of the student assume full responsibility for all physician/medical/surgical/rehabilitation expenses and liabilities in connection with the student's attendance at the High School Day.
* We, parents/guardians and students, give our permission for photographs or videotapes to be taken during the event. These may be used for promotional purposes.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return, with payment. by (date here) to

Youth Committee

AGO 20?? National Convention

Street address

City, state, zip code

Please contact (youth development committee chairman) with any questions regarding this application

Youth Workshop Opportunities

Date here

9:00 AM – 9:45 AM

 List

10:00 AM – 10:25 AM

 List

10:00 AM – 10:45 AM

 List