

# District Fine Arts

## April 26<sup>th</sup> – 27<sup>th</sup>, 2019

### Registration:

- Room and Transportation: \$60
- First Entry: \$24
- Each Additional Entry: \$10 (Ex. 2 entries = \$34.00, 3 entries = \$44.00, 4 entries = \$54.00, etc.)
- Fine Arts t-shirt: \$20 **(Please attach a separate note indicating the size t-shirt you need)**
- Meals will be at your own expense. Please bring enough money to cover four meals (two lunches and two suppers). Continental breakfast is provided at the hotel.

### Deadline:

- All forms and payment must be completed and returned to First Assembly no later than **Sunday, March 31, 2019.**
- **Any registration received after Sunday, March 31, 2019 will be charged a \$20 late fee.**

### Schedule:

#### Friday, April 26:

- We will meet outside **Door 7** of First Assembly at **9:00 AM** on Friday, April 26<sup>th</sup>, 2019.
- Once we arrive in Minot, students will be given their rooming assignments and have time to practice or finalize anything for their presentations.
- Registration begins at 5:00 PM. All students participating in any ART or WRITING Division will be headed to registration to hand in their entries.
- Students will be taken to eat prior to opening doors for the student orientation and evening service at 7:15 PM (mandatory attendance).
- Students will return to hotel.

#### Saturday, April 27:

- Students will arrive at Minot First Assembly at 8:00 AM (students may find rooms to practice their entries prior to their presentation time).
- Presentations between 8:45 AM – 12:00 PM
- Lunch break: 12:00 – 1:00 PM
- Presentations resume 1:00 PM – 3:45 PM
- Celebration service ~4:00 PM – 6:00PM
- Students will either eat in Minot or Bismarck on the way back.
- We will return at approximately **11:00 PM** on Saturday, April 27<sup>th</sup>, 2019 to First Assembly.

### Housing:

- We will be staying at the Microtel Inn & Suites. Their phone number is 701-839-2200.

**\*Please complete and return the attached permission form from First Assembly, along with the attached Participant Registration Form (2 pages) for the ND District Fine Arts Festival. Keep this top page for your information.**

**\*\*Please write your checks to “First Assembly” and please write in the memo line the students name it is for and the phrase “Fine Arts” (ex. “student name” Fine Arts).**

# DISTRICT FINE ARTS FESTIVAL 2018

APRIL 26-27, 2019

GRADES 6-12

**COST** (Please refer to Info Sheet one page prior to this form)

**DEADLINE: SUNDAY, MARCH 31, 2019**

**Paid with:**  Cash  Check

**MAKE CHECKS PAYABLE TO FIRST ASSEMBLY WITH YOUR CHILD(REN'S) NAME IN THE MEMO**

Name of Child Participant: \_\_\_\_\_ (PLEASE PRINT)

*I understand by signing this form I am giving permission for the listed student to participate in above described activity/event sponsored by First Assembly.*

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

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

\_\_\_\_\_  
Date

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**\*\*If you have NOT filled out the Yearly Permission Form please fill in the bottom portion of this form.**

## Permission & Emergency Release Form

Name of Child Participant: \_\_\_\_\_ (PLEASE PRINT) Birth Date: \_\_\_\_\_ (MM/DD/YYYY)

I understand by signing this form I am giving permission for the listed student to participate in above described activity/event sponsored by First Assembly. The above described event could involve the risk of damages and risk of bodily injury. By signing this agreement, I, for myself and my successors and assigns, agree to not hold First Assembly, or its employees, volunteers or agents liable for damages, losses and injuries to the person or property of the listed student.

First Assembly is not responsible for personal belongings. \_\_\_\_\_ (Initial)

Inappropriate conduct by the student will result in the student being transported home at the parents' expense. \_\_\_\_\_ (Initial)

Pictures/Videos: I authorize first Assembly to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against First Assembly for the use of such photos or videos.

## Medical Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury or illness received by said minor. I consent to any x-ray examination, anesthesia, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. This authority also extends to any x-ray examination, anesthesia, dental, or surgical diagnosis or treatment and hospital care by a licensed dentist. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatments rendered to my child. \_\_\_\_\_ (Initial)

Parent/Guardian Name: \_\_\_\_\_ Second Parent or Emergency Contact: \_\_\_\_\_

Parent/Guardian Home #: \_\_\_\_\_ Second Parent #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Second Parent Cell #: \_\_\_\_\_

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

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

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Please list below any allergies, medical or security concerns: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date