BGSU College of Musical Arts
BOWLING GREEN STATE UNIVERSITY

Announcing a High School Men's Honors Chorus
Saturday, April 9, 2016
Application Deadline: February 22

The College of Musical Arts of Bowling Green State University will host a High School Men's Honors Chorus on Saturday, April 9. Directed by Timothy Cloeter, Assistant Professor of Music Performance and Director of the University Men's Chorus, members of the honors chorus will be selected ninth, tenth, eleventh, and twelfth grade singers who are nominated by their school choral directors.

Members of the chorus will gather on campus on the morning of April 9 to rehearse. Following a lunch break around noon and some afternoon rehearsing, the singers will join the High School Women's Honors Chorus to present a concert in Kobacker Hall at 4 p.m.

While there is no charge to submit an application, those selected to participate in the honors chorus will need to submit a registration fee of $25 to reserve their place in the chorus after they are accepted.

To apply for membership in the BGSU High School Men's Honors Chorus, complete the HSMHC Application Form and give it to your high school choral director no later than February 22, 2016. In turn, your chorus director should send all of the applications to BGSU no later than February 29. The roster of members selected will be sent to the teachers by the middle of March.

Deadlines

Submit application, emergency medical care form, liability release form, and media release form to your chorus director by Monday, February 22.

Chorus directors send all documents to Professor Cloeter by February 29.

BGSU High School Men's Honors Chorus

Student Application Form

Student name (please print neatly)

Grade: 9 10 11 12 Height: _____ feet _____ inches

Student e-mail address

Student address

Parent name

Parent e-mail address

Parent phone numbers

Please describe your musical training and music activities

Name of your school

Name of your chorus director

Parental permission

_____ has my permission to apply for the BGSU High School Men's Honors Chorus, and if selected, permission to participate on April 9,2016.

_____
parent signature

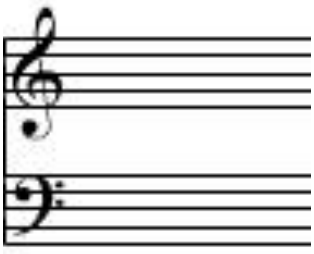
Please submit this form to your high school choral director no later than February 22.

Dear High School Choral Director:

Thank you for supporting the High School Men's Honors Chorus. Your assistance in the selection process is critical and it is appreciated. We will take singers from every school that submits applications.

Please share your assessment of the student named on this application:

Usable vocal range, notated



Musicality: Superior Good Fair Poor

Voice: Superior Good Fair Poor

Music Reading: Superior Good Fair Poor

Cooperation: Superior Good Fair Poor

Responsibility: Superior Good Fair Poor

Recommended voice part in TTBB: Tenor I Tenor II Bass I Bass II

Of the _____ (number) of applications that I am submitting for the High School Men's Honors Chorus this applicant ranks:

#1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12

(You should have only one #1, one #2, one #3, etc. from your school.)

_____
director signature

Choral director's e-mail address

Please send all of the High School Men's Honors Chorus applications from your school in one envelope no later than Monday, February 29 to: Timothy Cloeter, College of Musical Arts, Bowling Green State University, Bowling Green, OH 43403. Questions? Call 419-372-8288 or e-mail cloetet@bgsu.edu.

Consent for Emergency Medical Care

BGSU High School Men's Honors Chorus

I hereby authorize the director or staff members of the Bowling Green State University Middle School Honors Chorus to obtain medical care for my daughter or son in the event that s/he he needs medical care.

Participant's name printed_____(daughter/son)

Allergies_____(if applicable)

Medical conditions of concern_____

_____

Current medications_____(if applicable)

I agree to be financially responsible for the cost of any medical care provided to my daughter or son under this authorization.

Health carrier_____

Policy or certificate number_____

Signature of parent or legal guardian_____

Emergency contact information for Saturday, April 9, 2016

Parent/guardian phone numbers:

Contact if parents are not available:

BOWLING GREEN STATE UNIVERSITY

LIABILITY RELEASE, WAIVER, DISCHARGE AND AGREEMENT NOT TO SUE

For Minor Participation (Gr. K -12)

1. I desire that my child _____ participate in the following activity/trip _____ ("Activity"), to be held on _____. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity (if applicable), and in any activities undertaken supplemental to the Activity. These dangers and risks can result in injury and impairment to my body, general health, well being, and could include serious or even mortal injuries and property damage.

2. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my child's participation in the Activity, the transportation, and in any activities undertaken as supplemental and to release, waive, forever discharge, and covenant not to sue the State of Ohio, Bowling Green State University, and its governing board, officers, agents, employees and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by my child or by any property belonging to my child, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any supplement to the Activity, occurs or is being conducted.

3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

4. It is my express intent that this release and hold harmless agreement shall bind myself, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the Releasees.

5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am an adult and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my child's participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to my child.

6. I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature of Parent or Guardian:_____Date:_____

Print Name:_____

BGSU Honors Choruses

Date_____

I hereby give my permission to Bowling Green State University, College of Musical Arts, the BGSU Office of Marketing & Communications, its agents, successors, assigns, clients and purchasers of its products, to use my photograph (whether still, motion, or television), recordings of my voice, and my name, in conjunction with the media program.

Name of Minor _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Address _____

City, State, Zip _____