

Spokane All-City Jazz Ensemble

Registration Form/Liability Release

Please print clearly

Date: _____ Returning Member _____ New Member _____

Name: _____ Age: _____ Birthdate: ___/___/___

Address: _____ Girl _____ Boy _____

City State Zip

Home Phone _____ Cell Phone (parent) _____ Cell Phone (student) _____

Level (circle): Middle School High School

School of Attendance: _____ '11-'12 Grade Level: _____

Instrument _____ High School Student Will Attend _____

Mom's Name: _____ Work phone: _____

Dad's Name: _____ Work phone: _____

I give permission for SAJE to share the above information with SAJE families (circle). Yes No

Email address: parent: _____ **student:** _____

Is there anyone else that needs to know information about concerts, rehearsals etc. (ie split households, grandparents)

Name: _____ Email: _____ Number: _____

EXPECTATIONS AND COMMITMENTS: Membership in the SAJE requires a full commitment from each member and his/her parents. Regular attendance is the most important aspect of an ensemble member's participation and progress in the ensemble. Absences must be reported to the SAJE Director **prior** to rehearsal. *After two consecutive unexcused absences, the student will be contacted by the Administrative Assistant and could face dismissal from the program.*

In order to be a part of the Spokane All-City Jazz Ensembles, _____ agrees to continue to be a member and model the following behaviors both in the All-City Jazz Ensembles and his/her school jazz ensembles:

- Good Attitude
- Positive Role Model
- Musical Preparation
- Promptness
- Attendance at all concerts and rehearsals

(Continued on reverse side)

Spokane All-City Jazz Ensemble

LIABILITY RELEASE FORM

I, the parent or guardian of the above-named child/ward, give my permission for his/her participation in all activities, rehearsals, and performances of the Spokane All-City Jazz Ensembles.

I hereby release and discharge the Spokane All-City Jazz Ensembles, its agents, directors, and volunteers who participate in or conduct activities on behalf of Spokane All-City Jazz Ensembles from all claims, demands or actions which the parent or guardian's heirs, executors, administrators or assigns may have, against the Spokane All-City Jazz Ensembles, its successors or assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by Spokane All-City Jazz Ensembles, including, but not limited to, scheduled activities, rehearsals, and performances.

PUBLICITY WAIVER: I give permission for the Spokane All-City Ensembles to use the likeness of my child in published format, including, but not limited to: Internet, newspaper, magazine, printed or recorded materials, and television.

EMERGENCY AUTHORIZATION: If neither parent, or, if applicable, the guardian of a student can be reached, I hereby authorize the Spokane All-City Jazz Ensembles or its agents or volunteers to take my child/ward to the nearest available physician or facility for medical treatment in the event of any emergency. I authorize any licensed physician or medical facility to treat my child or ward.

If your child has a life-threatening condition (allergy, asthma, diabetes, etc), please contact the office for more detailed health information form.

Health concerns, allergies or disabilities of child/ward:

I, the parent or guardian, have read this registration and release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Name of Child: _____

Emergency Contact: Name: _____ Phone: _____

Health Insurance Company and Policy # _____

Signatures of Parents or guardians _____

Date: _____

Please return this form with the first month's tuition of \$35. Make checks payable to SAJE.