

Spokane All-City Jazz Ensembles

Registration Form/Liability Release

Please print clearly

Date: _____ Returning Member _____ New Member _____

Name: _____ Age: _____ Birthdate: ____/____/____

Address: _____ M _____ F _____

City _____ State _____ Zip Code _____

Home Phone _____ Student's Cell _____ Student's Email _____

2015-2016 School: _____ 2015-2016 Grade Level: _____

Instrument(s): _____ Years Played: _____ Years Playing Jazz: _____

Which Groups are you interested in: (check all that apply) visit <http://spokaneallcityjazz.org/Rehearsal-Groups.php> for more info

Middle School

Jazz Messengers Level:

Benny Green (Wed, 4:00pm @ Northwood MS)

Art Blakey (Tuesdays, 4:30pm @ Ferris HS)

Village Vanguard Level

John Coltrane (Thurs, 4:30pm @ GU)

High School

Jazz Giants Level:

J.J. Johnson (Tuesdays, 3:30pm @ Ferris HS)

Charlie Parker (Wed, 5:00pm @ Northwood MS)

Clark Terry (Wed, 5:00pm @ Verve Studio 8, CDA)

Birth of the Cool Level:

Miles Davis (Tuesdays, 6:00pm @ GU)

All-Star (audition only)

Jazz Ambassadors Level:

Jazz All-Star Mentors (Wed, 4:30pm @ GU)

T-shirt size (adult sizes) S M L XL

Mother: _____ Cell: _____ Email: _____

Father: _____ Cell: _____ Email: _____

Best person, time and method to contact: _____

I give permission for SAJE to share the above information with SAJE families. Yes _____ No _____

Is there anyone else who needs information about concerts, rehearsals (grandparents, others)?

Name: _____ Email: _____ Phone: _____

EXPECTATIONS: Regular attendance and focused participation in the weekly lessons is the most important aspect of the SAJE experience. Absences must be reported to the SAJE Director or Administrator **prior** to rehearsal.

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

- Willingness to work with the instructor and other students and have a positive attitude
- Active and focused participation in the group experience
- Prepared: All students will come to lessons prepared to play – with your instrument and everything you need for full participation in the lesson.
- On Time: Any student who is 10 minutes late for a lesson will be marked absent for that lesson.
- Attendance at all lessons and concerts is critical to the success of the individual student as well as the other students. If a student misses two lessons, the student will not be allowed to perform in the next concert.

Spokane All-City Jazz Ensemble

LIABILITY RELEASE FORM

PERMISSION AND RELEASE: I, the parent or guardian of the above-named child/ward, give my permission for his/her participation in all activities, lessons 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, lessons and performances.

PUBLICITY WAIVER: I give permission for the Spokane All-City Jazz 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 nor 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 us with more detailed health information so in the event of emergency we can act appropriately.

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: _____

Relationship to child: _____

Health Insurance Company and Policy # _____

Signatures of Parents or guardians _____ , _____

Signature of SAJE student: _____ Date: _____

Spokane All-City Jazz Ensembles

Tuition Agreement

I wish to enroll my child(ren) _____ & _____ in the Spokane All-City Jazz Ensembles for the year 2015-2016.

I select the following payment plan option:

- Plan A:* Entire Year Payment at a 10% discounted rate, \$270, plus \$15 for performance shirt, totaling \$285. You will be invoiced October 1st and payment is due November 10th. If the student withdraws during the year, you must email to notify the Administrator; there will be a cancellation fee of \$25 and a prorated refund. *(if your student still has their black SAJE t-shirt from previous years, \$15 fee does not apply)*
- Plan B:* 1st month payment of \$65, to include cost of performance shirt and monthly payments of \$50 through the Ensemble's season, November through April, invoiced at the end of each month for the following month. **Please note:** The student will not be able to participate after the second rehearsal of the year if the first month's tuition has not been paid and received by SAJE. *(if your student still has their black SAJE t-shirt from previous years, \$15 fee does not apply)*

I would prefer that my monthly invoice is:

- Mailed Emailed

Scholarships are available for families in need. The Board of Directors makes a limited number of scholarships available each year. An application form can be found on our web site, www.spokaneallcityjazz.org. Applications for scholarships must be received by November 5th, to be evaluated by the Board at our November Board meeting.

Tuition Reduction for multiple children enrolled simultaneously: For families with more than one child enrolled in SAJE a tuition reduction of 10% will be applied to the total tuition paid by the family for all the children in the program.

Please make your checks payable to "SAJE" and mail to the address below. Please do not give a check or cash to your child to make payments at weekly lessons. Payment must be received by the Administrator by the 10th of the month, ***with the student's name in the memo line.***

I understand that my account must be current and all forms must be properly signed and received in the office in order for my child to perform or participate in the SAJE program. I agree to the above terms and conditions, and will make timely payments according to the payment plan selected above.

Parent Name (printed): _____ Email: _____

Address: _____ Phone: _____

Signed: _____ Date: _____

- I am interested in information about becoming a member of the SAJE Board.
- I am interested in acting as a parent liaison for my student's lesson group this year. (Contact to disseminate information to the other families in your group. Approximately 1 hour per month)
- I am interested in volunteering at the December Auction
- I am interested in volunteering at the March Workshop

Please consider making a donation or monthly pledge to support our program. SAJE is a 501(c) (3) non-profit organization. Your donations may be tax deductible.

- I'd like to make a one-time contribution of \$_____ to SAJE.
- Please add \$_____ to my monthly tuition as my donation.

Complete and return to: SAJE, PO Box 31541, Spokane, WA 99223