



Spokane All-City Jazz Ensembles

presents

SAJE in the Summer

Big Band & Small Groups in the summer!

This year we have two very different but equally valuable options in the summer season. Jazz Ensemble Camp will take place Wednesday afternoons, 4-6pm. This is an exclusively playing based program with emphasis on traditional big band repertoire. Students will receive sheet music, rehearse weekly, and give a final performance (August 8th) open to the public.

The new components this year are afternoon workshops. Although there will be a small playing element, these workshops occur mainly in an academic classroom setting. Students will hear lectures on Jazz history, theory/analysis, and aural skills. There will be fun games with prize incentives and open Q and A sessions. Special guest appearances and impromptu jam sessions will round out the curriculum. We would welcome vocalists in addition to instrumentalists as well.

**Big Band,
Workshops,
and more!**

Located at:
Whitworth University
Cowles Music Center
Room 112

Summer Weekly Camp:
June 19 - July 31: 4-6pm,
Every Wednesday
(except July 3)

Summer Day Camp:
June 28, 2-6pm
July 15, 2-6pm
August 1, 2-6pm

**Need to miss a rehearsal or two due to summer vacation trips?
No problem! Since we meet once a week,
you'll never fall too far behind.**

**Space is limited!
Register ASAP to ensure summer program placement.**

Tuition Cost:

**Summer Weekly Camp - \$175
Summer Workshops - \$45 each, \$110 for all 3
All Summer Activities - \$260**

checks made payable to SAJE

Please send registration and tuition to PO Box 31541, Spokane, WA 99223

or

register online today

at spokaneallcityjazz.org

and we will bill you.

Open to middle school and
high school students.

Summer Program Director
Chris Parkin
509-998-3373

SAJE Administrator
Kimberly McCann
509-242-3141

spokaneallcityjazz.org
PO Box 31541
Spokane, WA 99223



SAJE in the summer Program Registration

Name _____ Birthdate _____ Returning SAJE Member ___ New SAJE Member ___ Gender: ___
 Address _____ City _____ Zip _____ Parent/Guardian's Name(s) _____
 Parent Home Phone _____ Parent Cell Phone _____
 Student Phone _____ School in the fall: _____ Grade in the 2019 Fall: _____
 Parent Email _____ Student Email _____
 Instrument _____ Rhythm Section - Can you bring your own equipment? Yes ___ No ___

T-Shirt Size (adult sizes):

Small ___ Med ___ Lrg ___ XL ___ Other ___

Summer Activities: (check all that apply)

Weekly Summer Camp June 28 Workshop July 15 Workshop August 1 Workshop

EXPECTATIONS: 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
- On Time: Any student who is 10 minutes late for a rehearsal will be marked absent for that rehearsal.

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.

Emergency Contact Name: _____ Phone: _____

Relationship to student: _____

Health Insurance Company and Policy # _____

Signatures of Parents or guardians _____ , _____

Signature of SAJE student: _____ Date: _____