



Spokane All-City Jazz Ensembles

presents

SAJE in the Summer

Big Band & Small Groups in the summer!

Our goal is to provide students with an opportunity to perform fun, exciting and challenging music throughout the summer in both a big band and small group setting, while still learning the great language of jazz improvisation. Within this new summer program format, you can expect the following:

- Play, play, play! You want to play your instrument, and we want you to. Much of our weekly rehearsals will be spent playing through lots of fun and exciting music!
- Perform in both a Small Group and Big Band
- 9 Wednesday evening rehearsals (4-6pm) starting June 21 and ending August 16.
- Special Guest Artist visits throughout the summer!
- End-of-the-summer concert for family and friends.
- Various learning experiences, including: instrument masterclasses, jazz theory and improv, YouTube video geek-out sessions, playing big band charts performed by the Bob Curnow Big Band, and more!

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.**

**Big Band,
Small Groups,
and more!**

Located at:
Gonzaga University
Music Annex Building

4pm-6pm

**Every Wednesday
June 21 - Aug 16**

Open to middle school and
high school students.

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

**Tuition Cost: Priority registration deadline:
June 5 - \$190**

After June 5 - \$210
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.

Summer Program Director
Brian McCann
509-280-5313

SAJE Administrator
Kimberly McCann
509-242-3141

Summer Program Assistant Director
Chris Parkin
509-998-3373

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 2017 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 _____

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: _____