

Jazz Clinic

Registration Form



Player's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt. Phone: (____) _____

Email Address: _____

Grade: _____

School Name: _____ School District: _____

Band Director Name: _____ Private Instructor Name: _____

Primary Instrument: _____ Secondary Instrument: _____
Years Played: _____ Years Played: _____

Have you attended our Winter Band Day or Summer Band Camp before? Yes No

Please use this section to inform us about your child and their experiences which you believe would help our staff to ensure a rewarding educational experience.

Jazz Clinic registration fee is \$15

(No cash, please include check or money order made payable to: **Southwest Community Concert Band**)

Prepay: Check # _____ or Money Order _____

I will pay on the day of the class

I prefer any Jazz Clinic information sent via: (please check one)

Via Email or US Postal

Minor players must complete both sides of this form to complete your registration



Southwest Community Concert Band

Post Office Box 244 • Lockport, Illinois 60441-0244
Voicemail : (815) 773-4159 • Email : info@swcommunityband.com

Jazz Clinic



Minor Participant Name

RELEASE OF LIABILITY

The Participant designated below will engage in the following activities being held at Eagle Rock Community Church, and sponsored by Southwest Community Concert Band:

Jazz Clinic - February 28, 2015

As a condition of being able to participate in these activities, the undersigned, individually and/or as legal guardians for the participant hereby acknowledge and agree that:

1. The activities may involve certain inherent risks and hazards which cannot be prevented that could result in damage to property or personal injury, including death, and
2. Notwithstanding these risks, the Participant is permitted to enter upon the premises to participate in all activities and assume all risks associated with the activities in which the participant may engage, and
3. The participant has no medical condition or health problem which prevents his or her participation; and
4. The Participant has been informed of and agrees to abide by all safety rules and regulations promulgated by Southwest Community Concert Band and Eagle Rock Community Church; and
5. The Participant(s) are responsible individually and collectively for financial costs for any damage to Eagle Rock Community Church property or equipment while said activity is in progress, and the time immediately preceding and following said activity; and
6. We hereby release and hold harmless Southwest Community Concert Band and Eagle Rock Community Church, its agents, officers and employees, successors and assigns from any and all liability, claims, demands, actions and causes of actions, whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the Participant or any property of the Participant while in, on or around the premises, and will not institute nor aid any suit or action against any of the foregoing for damage, loss or injury to person or property which may be sustained by the Participant; and
7. We hereby authorize the directors and agents of Southwest Community Concert Band and Eagle Rock Community Church to authorize appropriate emergency care for my minor child in the event that I cannot be contacted or that immediate attention is requested by the attending medical personnel.
8. We hereby authorize the Southwest Community Concert Band to photograph and record the participant at the Clinic and use said photographs and recordings for promotional purposes. No names or addresses will be used in any promotional information.
9. The terms of this document are contractual in nature and not merely recitals and are binding upon the undersigned, the Participant, his or her heirs, executors and administrators.

WE HAVE READ THE FORGOING, UNDERSTAND THAT THIS A FULL AND FINAL RELEASE OF ALL CLAIMS, WHATSOEVER AGAINST SOUTHWEST COMMUNITY CONCERT BAND AND EAGLE ROCK COMMUNITY CHURCH, ITS AGENTS, EMPLOYEES, SERVANTS AND OFFICERS, AND HAVE VOLUNTARILY EXECUTED SAME ON MY BEHALF AND THAT OF THE PARTICIPANT AND INTEND TO BE BOUND HEREBY.

Minor Participant's Legal Guardian:

Print Legal Guardian's Full Name: _____

Emergency Contact Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Name: _____ Name: _____

Address: _____

Legal Guardian's Signature: _____

Date: _____



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