

2008 Summer Bass Workshop Registration

Last Name _____ First Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Work phone _____

Cell Phone _____ E-mail _____

Young Bassist Information

Age _____ Are parents attending workshop with student? _____

If no, name of guardian _____

Teacher's Name _____ Phone _____

Repertoire

If you would like to play in an afternoon recital, name the piece and the composer.

Tuition

Full participant fee (includes Rabbath concert ticket and workshop t-shirt): \$450.

Auditors (non-playing observers) may attend all classes at the rate of \$25 per day.

Parents of young bassists are welcome and do not need to pay the auditing fee.

Please indicate t-shirt size: S, M, L, XL, XXL.

Minor applicants must complete the Medical Release/Permission form.

Make checks payable to: **SLAVA Publishing** and send with completed registration form and Medical Release/Permission form to: 9100 Louis Avenue, Silver Spring, MD 20910 (tel/fax: 301-588-9275)

The undersigned applicant (or parent if the applicant is a minor) releases the workshop management and workshop facility of all liability in the event of accidental injury. Due to commitments to faculty and the workshop venue, **no refunds will be given after May 1, 2008**. The individual who signs the registration form understands and agrees to these terms.

Signature _____

Date _____

Workshop schedule, directions to the site and recital details will be available in advance.

Medical Release/Permission Form

Name _____
Name Preferred _____ Sex _____ Birthdate _____
Health Insurance Company _____ Policy # _____
Insured's name _____
Allergies _____
Required medications/dosage _____
Dietary needs _____

Parent/Guardian Information:

If parents live at different addresses, list both, and indicate which is the primary residence

Name _____
Address(es) _____

Home phone(s) _____
Work Phone(s) _____

Person to notify in case Parent/Guardian cannot be reached:

Name _____ Relationship _____
Home phone _____ Work phone _____

Parent/Guardian Authorization:

PARENTAL CONSENT: I give full permission for my child to attend the 2008 Summer Bass Workshop on the dates of July 7-11, 2008.

I DO/DO NOT (circle one) give my permission for photographs or video footage of my child to be used by Summer Bass Workshop for promotional purposes.

TRANSPORTATION RELEASE: I give full permission for my child to be transported to activities off the workshop, riding in approved vehicles, with approved drivers and to attend and participate in camp-sponsored activities off site.

MEDICAL RELEASE: I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY: I agree to hold George Vance T/A SLAVA Publishing and Summer Bass Workshop and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ **Date** _____