

2010 Summer Bass Workshop Registration
Slava Publishing ~ www.slavapub.net

Participant's Last Name _____ First Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Work phone _____
 Cell Phone _____ E-mail _____

Bassist Information

Age _____ Teacher's Name _____ Phone _____

An adult must attend with students 16 and under. For students over 16 there is no supervised housing or transportation available to and from the workshop. All students must provide their own transportation, food, and housing. Please check the Slava Publishing website for accommodation suggestions (www.slavapub.net).

Name of person attending with participant _____

Relationship to participant _____

Repertoire

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

Tuition

		Enter Total Amount
Full participant fee: (includes Rabbath concert ticket and workshop t-shirt)	\$475 <i>Early Bird Registration: Register before April 1 and pay \$450</i>	
Non-playing observers may attend all classes at the rate of \$25 per day*	\$25 X number of days _____	
A cold lunch can be provided each day of the workshop**	\$40 per person for the week Please indicate number of: _____ Vegetarian _____ Non-Vegetarian	
Extra Rabbath concert tickets***	\$25 each X number of tickets _____	
Total		

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

**There are no restaurants within a reasonable walking distance from the church. No refunds for unused lunches will be provided.

***Paying participants are provided one Rabbath concert ticket. Tickets for individuals accompanying the students must be purchased separately.

Please indicate t-shirt size: S M L XL XXL (Adult sizes)

Minor applicants (under 18) 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: Slava Publishing c/o Martha Vance, 9100 Louis Avenue, Silver Spring, MD 20910 (fax: 301-588-9275)

You may pay by credit card - Discover, Mastercard or Visa. Fill out information below:

Credit Card Information :

Cardholder Name: _____

Card Type: _____

Card Number: _____

Expiration: _____

Billing Address: _____

Amount: \$ _____

Cardholder Signature: _____

By signing I agree to pay all costs involved in the collection of any outstanding debts attributed to a default on payment.

Payment must be received at time of registration.

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, 2010**. The individual who signs the registration form understands and agrees to these terms.

Signature of participant or guardian: _____ Date: _____

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 2010 Summer Bass Workshop on the dates of July 6-10, 2010.

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 Martha 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** _____