



To register, print this page (click “file”,select “print”) fill it out and mail it along with a \$100, non-refundable, tuition deposit to:

Seattle Jazz Workshop  
2110 N 150<sup>th</sup> St  
Shoreline, WA 98133

The tuition deposit will hold a students position in the enrollment. The balance, \$400, must be paid by June 1, 2018 or the student will be moved to the waiting list, possibly losing their place at the workshop. Total tuition will equal \$500.

Checks should be made payable to: **Seattle Jazz Workshop**  
Enrollment is based on a first-come, first-served basis. Those who complete tuition payments first will be

guaranteed positions in the workshop, provided that enrollment has not been exceeded. -----

STUDENTSNAME \_\_\_\_\_

AGE \_\_\_\_\_

PARENTORGUARDIAN(FIRST/LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(DAY) \_\_\_\_\_ PHONE(NIGHT) \_\_\_\_\_

EMAIL \_\_\_\_\_

STUDENT'S  
SCHOOL \_\_\_\_\_

INSTRUMENT \_\_\_\_\_

## ACKNOWLEDGEMENT OF RISK AND CONSENT FOR TREATMENT

This form must be received by the first day of the session in which your child is enrolled. If not received or not completed, your child will be ineligible to participate.

I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: children's failure to follow instructions of teachers and supervisors; communicable illness; and independent acts of third parties not under the control of teachers and supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is properly prepared for all activities and is in good health each day of the session. I understand the hours of Jazz Workshop are as stated above. In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the Jazz Workshop to secure emergency medical treatment for my child.

I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgement applies to the workshop session indicated above.

Emergency Contact (other than parent/guardian) \_\_\_\_\_ Phone \_\_\_\_\_ Health Insurance Co. & Policy No. \_\_\_\_\_ Phone \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

For your child's comfort and safety, please indicate any special conditions we may need to know about (allergies, medical prescriptions, recent injuries or illnesses, etc.; use back of form if necessary): Parent/Guardian Name (Please Print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Once registration materials have been received, an e-mail confirmation will be sent to you. If you have not received a confirmation from the workshop within one week of mailing your registration, please contact us.