

2010 Bass Coalition Summer Workshop
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Student Workshop Application

June 24-26, 2010

Shenandoah University-Conservatory
Winchester, VA 22601

***Use a separate application for each student
-copy and share this application as needed-***

Name: _____ Age: _____ Birthdate _____

Address: _____

Home Phone: _____ Cell Phone : _____

E-mail: _____ Shirt size: (S,M,L,XL,XXL) _____

How did you hear about the Workshop? _____

Applicants under 18 years of age must also provide the following information

Parent Name(s): _____ Parent Cell Phone : _____

Parent E-mail: _____

******An adult must check all Applicants under 18yrs of age in and out daily.***

Bass Related Information

Age: _____ How long have you played the bass? _____ years(s)

Private Bass Lessons (circle one) **Yes No** If yes, for how long? _____ years(s)

Current Teacher name: _____

Would you like to perform in a master class (clinic) for one of the clinicians?

******if yes, early registration is encouraged*** (circle one) **Yes No**

For participants who wish to remain in Winchester for the duration of the Workshop, Shenandoah University has special rates with several Winchester hotels. For a semi-complete listing of available options check out the “Summer Workshop” section of www.basscoalition.com.

Make Checks payable to **SCAA (Shenandoah Conservatory Arts Academy)** and write “**2010 Bass Workshop**” in the memo line. Include payment with this form.

Wish to pay by AMX, Discover, Mastercard or Visa? Fill out information below:
Credit Card Information :

Cardholder	Card number	Expiration
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Billing Address	City	State	Zip
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\$

Cardholder Signature

Amount

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

The Bass Coalition would like to use pictures of participants in promotional and markets. Also, we have been asked to create a participant roster, with contact information, to be distributed to those attending. Please check below if you wish to opt out.

_____ Do not use any photo of me or my family.

_____ Do not include our name on the roster.

Participant (**Parent** if under 18) Signature : _____

Mail this application, with payment to:

Shenandoah Conservatory Arts Academy
203 S. Cameron St,
Winchester, VA 22601

Application deadline is **June 10, 2010**

**Early Registrations are encouraged*

Medical Form ****For participants under age 18

Applicant Information

First Name	Middle	Last	Birth Date
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Home Address	City	State	Zip
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Home Telephone Number	Mother's Daytime Number	Father's Daytime Number
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In Case of an Emergency Notify	Telephone Number	Relationship to Student
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Alternate Emergency Contact Person	Telephone Number	Relationship to Student
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Family Physician	Address	Telephone Number
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Allergies and Medications

Please indicate any items you are allergic to. Please list any medication that you are currently on and the dose that you are taking.

Do you have any medical conditions we should be aware of? If yes, please describe.

Doctor treating the above condition _____ Telephone Number _____

Approval For Treatment

In the unlikely event that a participant requires emergency medical attention, university officials will make every attempt to contact the parent or guardian of those participants under 18 years of age for authorization of treatment. Please sign the statement below to authorize us to seek appropriate treatment in case we are unable to reach the parent or guardian.

I hereby give permission to Wilkins Wellness Center at Shenandoah University to administer treatment in the event of a medical emergency if I cannot be reached.

Name of Participant _____ Signature of parent/guardian of the participant listed above if under 18 years of age _____ Date _____

Information on this form is CONFIDENTIAL and solely for Health Services and will not be released without parental consent or consent from student's over 18 years of age.