

# WestSound Youth Jazz Band Registration

Updated 7/23/24

## Student Information

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Age: \_\_\_\_\_

Student Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Instrument Information

Primary Instrument: \_\_\_\_\_

# Years Played: \_\_\_\_\_

Teacher: \_\_\_\_\_

Other Instruments Played:  
\_\_\_\_\_

## Emergency Information

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Any pertinent medical information or severe allergies?  
(please list here):  
\_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address (if different):  
\_\_\_\_\_

## School Information

School Name: \_\_\_\_\_

City: \_\_\_\_\_

Grade in fall 2024: \_\_\_\_\_

School? Yes / No

**MEDICAL RELEASE:** I (We) the parent(s)/guardian(s) of the above named minor, give my (our) permission for my (our) child to participate in WestSound Youth Jazz Band Program and assume all risks and hazards incidental thereto, including those arising in the course of transportation to and from Youth Jazz functions. I (We) hereby give consent and authorize proper authorities of Bremerton WestSound Symphony to administer first aid, authorize necessary emergency treatment at a nearby emergency medical facility, and/or authorize a medical doctor to examine or treat the child for illness or injury or both while he/she is in attendance at Youth Jazz or on related activities.

Parent/Guardian Signature: \_\_\_\_\_

**MEDIA RELEASE:** Bremerton WestSound Symphony may take photographs, videos, or recordings of Youth Jazz, rehearsals and performances to be used on our website and/or social media accounts, as well as printed materials such as brochures and funding requests. While we will not tag or identify any student, your child's image may be used in these promotional materials in this and future years. No photographs, videos, or recordings will be sold or used for commercial purposes. I give my permission for the use of any Youth Jazz related photographs, videos, or audio recordings of my child for promotional and social media purposes.

Parent/Guardian Signature: \_\_\_\_\_