



JAZZ TUITION COURSE APPLICATION FORM



Wednesday 30 - Thursday 31 May 2018

Strings Music Venue, 9 Bowling Green Lane, Newport PO30 1LL

Contact Details

Name								
Mark Age Band	Over 21 <input type="checkbox"/>	18-21 <input type="checkbox"/>	U18 <input type="checkbox"/>	Instrument(s)		Grades		
Address							Post Code	
Email								
Home Tel Nr				Mobile Tel Nr				
Emergency Contact Nr								

Previous Experience - tell us the kind of music you play, and the groups you play in.

Your Aims from the course - tell us what you'd like to get out of the course - what improvement do you hope to see in your performance at the end of the two days?

Newport Jazz Weekend would like to use your personal details (above) so we can let you know of any alteration to the 2018 Tuition Course.

If you agree to us contacting you about this, please tick the box(es) here. email phone

We would also like to use your information to tell you about all future Newport Jazz Weekend events.

If you agree to us contacting you about this please tick the box(es) here. email phone

You can stop receiving emails at anytime. Email njweekend@aol.com with the subject line **UNSUBSCRIBE**



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Conditions of Booking

During the Tuition Course, images may be taken of students playing or being taught, and used for publicity or teaching purposes. If this creates a problem for you, please speak to the Tuition Course Leader.

Medical details - these will be destroyed after the Tutors and Students Concert.

Please tick any medical conditions of which we should be aware.	Asthma/Bronchitis	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Fits. fainting or blackouts	<input type="checkbox"/>
	Severe Headaches	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Taking medication (long term)	<input type="checkbox"/>
	Allergies to medication	<input type="checkbox"/>	Any other allergies	<input type="checkbox"/>	Other illnesses or disabilities	<input type="checkbox"/>
	<i>If you have ticked any of these boxes, please give details in the box below</i>					

Payment

A place on the course is not confirmed until we have received your payment at least 7 days before the course starts

I confirm that I have read and understood the conditions of booking and agree to comply with these.

Signed		Date		Print Name	
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For under 18s ONLY - I, the parent/guardian of		Print Name	
<input checked="" type="checkbox"/>	In my absence, I give permission to the leader(s) of the Jazz Tuition Course for the two days 30-31 May to administer any relevant treatment(s) to the named participant when/if necessary.		
<input checked="" type="checkbox"/>	Will inform the leader(s) of the Jazz Tuition Course of any known conditions and medical conditions, or any which may develop during the period.		
<input checked="" type="checkbox"/>	In my absence, If the need arises, I authorise the leader(s) of the Jazz Tuition Course to take the student to hospital, and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis.		
<input checked="" type="checkbox"/>	I understand that I shall be notified as soon as possible of the hospital visit and any treatment.		
Parent/Legal guardian's signature		Relation to participant	
Signed		Date	
I enclose a cheque for £50/£25/£10 made payable to <i>Newport Jazz Weekend</i>			£

Return this form and cheque to:

Jazz Tuition Course
c/o Jim Thorn, 7 Wykeham Close, Binstead, Ryde, Isle of Wight PO33 3ST