



# JAZZ TUITION COURSE APPLICATION FORM



**Wednesday 27 - Thursday 28 May 2020, 10 am ~ 3 pm**  
*Strings Music Venue, 9 Bowling Green Lane, Newport PO30 1RR*

## Contact Details

Name							
Mark Age Band	Over 21 <input type="checkbox"/>	21 & Under <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?

Isle of Wight Jazz Weekend would like to use your personal details (above) so we can let you know of any alteration to the 2020 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 IW 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 [unsubscribe@iwjazzweekend.co.uk](mailto:unsubscribe@iwjazzweekend.co.uk) with the subject line UNSUBSCRIBE



# JAZZ TUITION COURSE

## APPLICATION FORM



### 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 <b>ONLY</b> - 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 29-30 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 below		Relationship to participant	
Signed		Date	Print Name
I enclose a cheque for £50/£25 made payable to <i>Isle of Wight Jazz Weekend</i>			£

### Return this form and cheque to:

*Isle of Wight Jazz Weekend*  
c/o 7 Wykeham Close, Binstead, Ryde, Isle of Wight PO33 3ST email jimthorn1@aol.com