

Kansas City Bass Workshop 2017 Enrollment

June 14-18th

Name of participant _____ Age/School level _____

Name of parent/guardian _____ Will attend (Y/N) _____

(Any child too young to go from class to class needs to have an adult to help. Any participant over the age of 18 please disregard).

Address _____ City/State/Zip _____

Telephone _____ Home/cell/work? Alternate # _____ E-

mail _____ (please find us on Facebook to get

weekly updates www.facebook.com/KcBassWorkshop/)

Bass Playing Experience: Do you play Double Bass? _____ Electric Bass? _____

Present private teacher or past teachers? _____ How long studied? _____

Present and past school _____

School Level _____ How many years attended KCBass _____

Music ensembles and performance resume

Technique studied:

Simandl technique _____ Vance technique _____ Public School class methods _____

None _____ Rabbath technique books _____

List current solo piece: _____

Past solo pieces: _____

Piece you'd would like to play in afternoon solo recital (not mandatory to attend workshop).

Please bring piano part if not in Vance books.

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I would prefer to play in: Mark from 1-6 (1 being favorite 6 being least favorite)

_____ Jazz bass ensemble _____ Rock bass ensemble
_____ Classical bass ensemble _____ BlueGrass or Roots ensemble
_____ Weird & wacky and potentially Dangerous ensemble
_____ Free Improvisation _____

I play bass because:

_____ It's fun!
_____ Bass players are the coolest people on the planet!
_____ I enjoy playing with friends and my music groups!
_____ I wanted to carry the biggest instrument.
_____ I aspire to become a professional bassist.

Please list future plans below (i.e., play for fun, college plans, touring musician, recording industry, freelance, or other)

Rate the following 1= great; 2= good; 3=somewhat good; 4=beginner; 5=no experience _____
Sight reading _____ Treble clef _____ Playing by ear/improvising _____ Composing
_____ Reading in all 12 keys _____ Counting complex rhythms

My t-shirt size is (please circle one): S, M, L, XL, XXL Youth sizes S, M, L. Female sizes, S, M, L.

The lunch hour is 12-1 p.m. Fast food restaurants are within driving distance. beverages will be available to purchase at site. All students under age 14 cannot leave campus without adult supervision. Please plan accordingly.

_____ I will bring or provide my own lunch.

Make checks payable to: Kcbassworkshop llc and send to 5304 Russell, Mission, KS 66202.

Paypal is accepted also. Cash should only be handled in person. Sorry no credit cards over phone.

Workshop fee (early registration by April 15):_____ \$450.00 US Dollars

Workshop fee after May 1:_____ \$500.00 US Dollars

Extra Rabbath Concert Tickets:_____ \$20.00 US Dollars

Each participant will get one Kcbass fest ticket included in workshop fee (This includes Rabbath concert) .

No refunds will be given after April 15, 2017.

You will be able to leave your bass and equipment overnite at the site. The storage room will be locked up over night. Everyone is however responsible for your own property as well as responsible for any damage to any other person property.

Kansas City Bass Workshop Health Form

Participant's Full Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Parents' Names (if minor): _____

Address _____ City/State/Zip _____

Best Number to call in an emergency: _____

Other phone numbers: Home: _____ Work: _____

Spouse's Name (if applicable): _____

Address _____ City/State/Zip _____

Emergency Contact (other than parents/spouse):

Name: _____ Phone number: _____

Relationship of Emergency Contact to Participant: _____

Please note: If a medical emergency arises, Kansas City Bass Workshop staff will call 911 and defer to their management of the situation.

Preferred Hospital: _____

Food Allergies (please list reactions):

Any drug/medicine allergies (please list reactions):

Any health issues we need to be aware of (ex. asthma, ADHD):

Kansas City Bass Workshop Authorization and Release of Liabilities

Emergency Medical Release:

I authorize staff of the Kansas City Bass Workshop to seek emergency medical care for myself (if adult participant) or my child _____ in the event of a medical emergency and there is not time or they are unable to contact me.

Waiver of Liability:

For Child Participant:

I agree to hold kcbassworkshopllc, John Hamil, staff of Kansas City Bass Workshop or any associated agencies and persons free from liability and waive any claims for any liability of any sort for damages to the person or property of the aforementioned child arising out of or connected to his/her participation in any activity related to the Kansas City Bass Workshop. I understand that only I am responsible for my child's personal property/instrument while at the workshop and the staff of Kansas City Bass Workshop is not responsible for any loss or damage to property.

Parent/Guardian Signature: _____ Date: _____

For Adult Participant:

I agree to hold kcbassworkshop llc, John Hamil, staff of Kansas City Bass Workshop or any associated agencies and persons free from liability and waive any claims for any liability of any sort for damages to myself or arising out of or connected to my participation in any activity related to the Kansas City Bass Workshop. I understand that only I am responsible for my personal property/instrument while at the workshop and the staff of Kansas City Bass Workshop is not responsible for any loss or damage to property.

Participant Signature: _____ Date: _____

Photo Release

I, _____, hereby authorize the use of photographic images of _____ for sharing on a compilation collection of photographs to be shared or sold to the participants, and for promotion of future Kansas City Bass Workshops.

Parent/Guardian Signature: _____ Adult Participant Signature:
