JuBELLation – A Handbell Orchestra

Participant Name	IF MINOR: Age Grade (as of Sept/2018)			
Address				
Participant Email (IF MINOR Parent/Guardian En	nail)			
IF MINOR: Parent/Guard. Name(s)	Phone No.			
Emergency Contact(s)	Cell Phone No			
Prov. Health Care #	Province			
Allergies	Medication(s)			
Other conditions of which we should be aware				
Number of Years Ringing Handbells				
Do you own a split-back handbell binder and glov	es? 🗆 Yes 🗀 No			
Other Instrument/s Played				
Choir/Singing Experience 🗆 Yes 🗆 No				
Music Theory Level 🗆 None 🗆 Preliminary	□ Intermediate □ Advanced			
Where did you hear about JuBELLation Handbell	Orchestra?			
□ Ad/Brochure/Poster □ ALGEHR website □	\Box Teacher \Box School \Box Other			
IF MINOR: Name of School Attending (as of Sep	t. 1, 2018)			
Name of Handbell Teacher				

U	cludes 5% GST) \$245 be a split-back handbell binder and gloves	will need to nurchase thes	o for a small ortra foo
inose who don i hav	e a spin-back hunaben binaer ana gioves	will need to purchase these	e jor a small extra jee.
Method of Payment	\Box Cheque or Money Order \Box Visa \Box	Master Card	n Express
Please make cheque	or money order payable to <u>Concordia Uni</u>	versity of Edmonton	
If paying by credit ca	ard, please fax this form to 780-474-1933	(secure fax)	
Amount \$	_ Card Number	Exp	
Name on Card			
Signature			

IF MINOR: In addition to myself, I give permission for my child to be signed out by the following people (name, relationship to child, phone number)

□ I give Concordia University of Edmonton and its partners permission to take photos or videos of me/my child and to reproduce my/his/her likeness (no names to be used) in promotional materials, including brochures and audio-visual productions.

□ I have read and understood this agreement and understand, appreciate, and accept the risks associated with my/my child's participation in JuBELLation Handbell Orchestra and all related activities at Concordia University of Edmonton or on any pre-determined field trips. IF MINOR: As the parent/guardian for the participant, I consent to my child's participation in the above-noted program and all related activities.

Participant (Full Name;	If Minor, Parent/Guardian)	-
Signature	Date	
Send with payment to	JuBELLation Handbell Orchestra c/o School of Music Concordia University of Edmonton 7128 Ada Blvd. NW, Edmonton AB T5B 4E4 Phone 780-479-9304 Fax 780-474-1933	

Email music@concordia.ab.ca