

JuBELLation – A Handbell Orchestra

Participant Name _____ IF MINOR: Age ____ Grade (as of Sept/2019) ____

Address _____

Participant Email (IF MINOR Parent/Guardian Email) _____

IF MINOR: Parent/Guard. Name(s) _____ Phone No. _____

Emergency Contact(s) _____ Cell Phone No. _____

Relationship to the Student _____

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 gloves? 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 Teacher School Other _____

IF MINOR: Name of School Attending (as of Sept. 1, 2019) _____

Name of Handbell Teacher _____

Registration Fee (includes 5% GST) \$245

A split-back handbell binder and gloves will need to be purchased for an additional fee.

Method of Payment Cheque or Money Order Visa Master Card American Express

Please make cheque or money order payable to Concordia University of Edmonton

If paying by credit card, 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