

Student: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Grade Entering: \_\_\_\_\_ Instrument/s: \_\_\_\_\_  
School: \_\_\_\_\_ Director: \_\_\_\_\_  
Private Teacher: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Return this enrollment form and tuition to any Foxboro Music Staff member or mail to:

Stephen C. Massey  
Foxboro High School  
120 South Street  
Foxboro, MA 02035

# Foxboro Summer Music 2017 Sponsored by the Foxboro Music Association

## 38th Annual Jazz Improvisation Workshop

**John J. Ahern Middle School • Monday, June 19th - Friday June 23rd**  
**Grades 7 - 12 all instruments and vocals**

*Students are responsible for their own transportation to and from the workshop. Rhythm section players will be asked to bring their own equipment, amplifier, etc. Check with the FHS music staff if an equipment loan is necessary*

Directors Stephen C. Massey and George Murphy, along with a distinguished faculty of 17 jazz education specialists, will teach each student appropriate jazz improvisation techniques.

### **Improvisation Experience is NOT required!**

Students are grouped into 3 levels based on their experience:

Beginner • Intermediate • Advanced

All instrumentalists, including flute, violin, french horn, oboe, etc. and jazz vocalists are encouraged to attend. Rhythm section players, such as piano, guitar, vibes, bass and drums will benefit greatly from this type of combo experience.

Camp hours are 9:00 AM to 2:30 PM. Students should bring their own lunch. A final "Jam session" performance will be done on the last day at 12 noon and parents are welcome to attend.

Tuition Fee: \$290.00

Checks payable to: *Foxboro Music Association-Improvisation*

## **ENROLLMENT DEADLINE IS MONDAY, JUNE 12<sup>th</sup>**

For additional information or questions please contact

Steve Massey

508-543-1624

masseys@foxborough.k12.ma.us

## Foxboro Music Association (FMA)

### Parental Consent, Release from Liability and Indemnity Agreement

*This is a legal document which, if signed, will have the effect of rendering you and your child unable to bring any type of action against the Town of Foxborough, The Foxborough School Committee, the Foxboro Music Association, or any of their agents, because of any harm you or your minor child may suffer as a result of his/her participation in a voluntary program of the Foxboro Music Association*

#### REQUIRED FOR PARTICIPAION

This is a legally binding release made by \_\_\_\_\_ as parent for \_\_\_\_\_, and by participant if 18 years of age or older; I/we do hereby consent to his/her participation in the Jazz Improvisation Camp and/or Summer Instrumental Music Camp sponsored by the Foxboro Music Association. I/we hereby forever RELEASE, discharge, and covenant to hold harmless the Town of Foxborough, the Foxborough School Committee, the Foxboro Music Association and the officials, committees, officers, agents, employees, insurers, attorneys, servants, affiliates, and their successors and assigns of each of the named entities, from any and all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I/we may now or hereafter have as the parent and/or adult participant, and also all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, which participant has or hereafter may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in any voluntary programs of the Foxboro Music Association.

I/we acknowledge that I/we understand that these voluntary programs are not under the direction of or operated by the Town of Foxborough or the Foxborough School Committee or the Foxborough Public Schools.

Further I/we acknowledge that I/we enter into this Agreement after having had ample opportunity to consult with legal counsel, and I do so knowingly and voluntarily, with complete understanding of the terms and the conditions of the Agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(Participants Signature if Participant is 18 years or older)

**This form may NOT be altered**