

RockBand University

720 Olive Dr. # H Davis, CA – PH: 408.505.7609 – rockbanduniversity.com

New Student Application

RockBand University is a school of rock, where musicians are matched into bands and are taught how to perform together. We accept all musicians between the ages of **10 and 18** who want to explore rock music, band rehearsals, and live performances! Bands will meet once a week for a 6 week session, and will finish with a live set performed at a local venue!

Tuition: \$245 / 6 week session
Siblings: \$200 / 6 week session

Please submit applications via email at: info@rockbanduniversity.com
or in person at Watermelon Music (207 E Street, Davis).

I. NEW BASIC INFORMATION

Name of Student: _____ Date of Birth: _____ Age: _____

Name you prefer to be called (for registration purposes): _____

Name of School: _____ Grade: _____

Name of Parent/Guardian: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ ext. _____ Email address: _____

Which is the best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

How will you most often get to and/or from RBU? my car parental unit's car friend's car bus bike
 other _____

II. NEW STUDENT INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

If there is another applicant/s that you would like to be enrolled with, please indicate their name/s here:

Instrument position/s that you are applying for:

Please list your music experience (for example: lessons that you have taken, bands that you have played in, school programs that you have participated in)

Can you read music? _____ Can you read tablature? _____

Please list the style of music that you like and your favorite bands.

Sessions meet on Thursdays or Sundays for an hour and a half. Applicants will be placed in a timeslot **based on availability** (Sundays: 12:00 PM – 1:30 PM, 1:30 PM – 3:00 PM, 3:00 PM – 4:30 PM, 4:30 PM – 6:00 PM, 6:00 PM – 7:30 PM, 7:30 PM – 9:00 PM, or Thursdays: 4:00 PM – 5:30 PM, 5:30 PM – 7:00 PM, 7:00 PM – 8:30 PM).

Please indicate which day/s that you would prefer. Please note that we will work hard to fulfill your request; however, timeslots are subject to availability.

Sunday _____ Thursday _____

Please indicate below the days/times/timeslots that you absolutely **cannot** do.

EMERGENCY CONTACTS

First Contact's Name: _____ Relationship: _____

Home phone: _____ - _____ - _____ Work/cell phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home phone: _____ - _____ - _____ Work/cell phone: _____ - _____ - _____ ext _____

SAFETY INFORMATION

Does the student have any medical conditions, allergies, or special needs the staff should know about?

Is the student taking any medications to treat a physical condition?

Does the student have any behavioral or emotional issues the staff should know about?

Is the student taking any medications to treat an emotional or behavioral condition?

CODE OF CONDUCT AGREEMENT

I, (student) _____, will abide by the guidelines listed below while I am attending any programs at RockBand University.

- No violence of any kind. Bullying will not be tolerated.
- Always respect each other.
- No drug/alcohol consumption or possession on the Rock University premises.
- No smoking on RockBand University premises.
- No foul or offensive language.
- Be respectful of all staff members, students, and guests.
- Respect all instruments, equipment and property. Treat them with care.
- Be supportive of one another, especially in regards to individual musical abilities and creative efforts.
- Turn off or silence cell phones.

I have read, and agree to abide by, these guidelines. I understand that any violation of them can lead to suspension or expulsion from any of the programs at RockBand University without a refund in tuition.

Student's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

RELEASE OF LIABILITY/INDEMNITY/EMERGENCY TREATMENT FORM

Emergency Contact Name and Telephone Number: _____

I, _____, agree to abide by the following:

1. I fully understand that attending the University as a student will involve activities such as, but not limited to, a loud environment, using electrical equipment such as amplifiers, speakers, and musical instruments. I understand that University activities may pose risks of bodily injury due to the inherent nature of each activity. I fully understand the risks and dangers associated with participation in University activities, that the risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in University activities, or the condition in which the University activities take place. I also fully understand that there may be other risks and social and economic losses either not known to me or readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in University activities and assume all risks and responsibilities surrounding my participation in these activities.

2. I agree and warrant that I will examine and inspect each University activity in which I take part, and if I observe any conditions that I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the University activity and will refuse to take part in the said activity until the condition has been corrected to my satisfaction.

3. I hereby RELEASE, discharge, and covenant not to sue the University, its administrators, directors, volunteers, employees, sponsors, advertisers, and if applicable, owners and lessors of premises where University activities may occur (each considered one of the Releasees herein), from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf makes a claim, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS at my own expense each of the Releasees from any claims, suits, or actions of any nature, including attorney fees and costs, which are in any way connected with participation in any and all University activities. I understand that this Release of Liability/Indemnity/Emergency Treatment form binds my family, heirs, executors, administrators, and assigns, as well as myself.

4. In case of emergency, accident, illness, or other incapacity occurring while under the University's authority, I give my permission to be treated by medical professionals and admitted to the hospital if necessary. This authorization applies whether or not the charges are covered by my insurance, and I am responsible for all reasonable medical and emergency expenses incurred on my behalf, regardless of whether I would have authorized such expenses under separate circumstances.

5. I agree that I will follow all University rules and will remain within the parameter of University activities at all times.

6. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance notwithstanding, shall continue in full force and effect.

Student Signature: _____ Date: _____

I represent that I am the parent and/or guardian of the minor who has signed above and is the participant in the program(s). I agree that we both shall be bound by this release form.

Parent/Guardian Signature: _____ Date: _____