



RockBand University

720 Olive Drive, Suite H, Davis, CA
(530) 746-1957 | (530) 908-6637
www.rockbanduniversity.com

2018 Summer Rock Band Camp Application

Applications are due on Friday, May 4th

RockBand University (RBU) is a music school and rehearsal studio in Davis, CA. Musicians, between the ages of 10 and 17, will be matched into bands and will be taught how to play some of their favorite songs together, while strengthening their skills on their instrument, broadening their musical horizons, and improving their timing, stage presence, and band communication. Bands will meet Monday - Friday from 10am to 2pm for a one week session, and will finish with a live performance at the E Street Plaza on Friday at 5pm. Please bring a bagged lunch, water, guitar, bass, drum sticks, picks, etc.

RBU offers 3 weeks of Summer Rock Band Camp through the City of Davis, and an additional 4 weeks of Summer Rock Band Camp privately. Please select all of your available dates for the best matching of musicians.

Tuition: \$200 / 1 week session. Payment information will be emailed to you upon acceptance.

Submit applications by Friday, May 4th. Email it to: info@rockbanduniversity.com

Mail it to:

RockBand University
720 Olive Dr., Suite H
Davis, CA 95616

Drop it off at:

City of Davis Parks & Rec
23 Russell Blvd.
Davis, CA 95616

OR

Watermelon Music
1970 Lake Blvd.
Davis, CA 95616

I. STUDENT BASIC INFORMATION

Name of Student _____ Date of Birth _____ Age _____

Name you prefer to be called _____

Name of School _____ Grade _____

Name of Parent/Guardian _____

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

Work Phone _____ - _____ - _____ ex _____ Email _____

Which is the best way to contact you? Home Phone Cell Phone Email

How will you most often get to and/or from RBU? My car Parental/guardian's car Friend's car Bus Bike

Other _____

II. 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:

III. Music Experience

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? Yes No

Can you read tablature? Yes No

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

Summer Sessions meet Monday-Friday from 10:00am-2:00pm. **How many Sessions would you like to enroll in?** _____

Please check all of the dates you are available. Please note: We will work hard to fulfill your request; however, reduced availability will reduce an applicant's chances of being enrolled. **The weeks of 7/9, 7/16, and 7/23 are offered through the City of Davis.**

6/25 - 6/29 7/09 - 7/13 7/16 - 7/20 7/23 - 7/27 7/30 - 8/03 8/06 - 8/10 8/13 - 8/17

IV. EMERGENCY CONTACTS

First Contact's Name _____ **Relationship** _____

Home phone _____ - _____ - _____ **Work/cell phone** _____ - _____ - _____

Second Contact's Name _____ **Relationship** _____

Home phone _____ - _____ - _____ **Work/cell phone** _____ - _____ - _____

V. SAFETY INFORMATION

Does the student have any medical conditions, allergies, or special needs the staff should know about? Yes No

Please explain

Is the student taking any medications to treat a physical condition? Yes No

Please explain

Does the student have any behavioral or emotional issues the staff should know about? Yes No

Please explain

Is the student taking any medications to treat an emotional or behavioral condition? Yes No

Please explain

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. Be respectful of all students, guests, and staff members.
- No foul or offensive language.
- Respect all instruments, equipment, and property. Treat them with care.
- Be supportive of one another, especially in regard to individual musical abilities and creative efforts.

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** _____

Parent/Guardian's Signature _____ **Date** _____

RELEASE OF LIABILITY/INDEMNITY/EMERGENCY TREATMENT FORM

Student's Name _____

Emergency contact name _____

Best number to reach emergency contact at _____ - _____ - _____

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, agents, officers, volunteers, successors, assigns, 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's Signature _____ Date _____

ADDITION FOR MINORS

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's Signature _____ Date _____