

2019 Austin Bass Workshop
July 22nd - 25th 2019

at Westlake High School
4100 Westbank Dr. Austin TX 78746

Registration

Fee: \$300

Make Checks payable to THCBC

Mail to:

Texas Hill Country Bass Camp

6301 Manchaca Rd.

Suite G

Austin, TX 78745

(512)406-1412

texashillcountrybasscollective@gmail.com

Name: _____

Parent's Name(s): _____

Emergency Contact: _____

Address : _____

City: _____ State _____ Zip Code: _____

Phone: _____ Emergency Contact number: _____

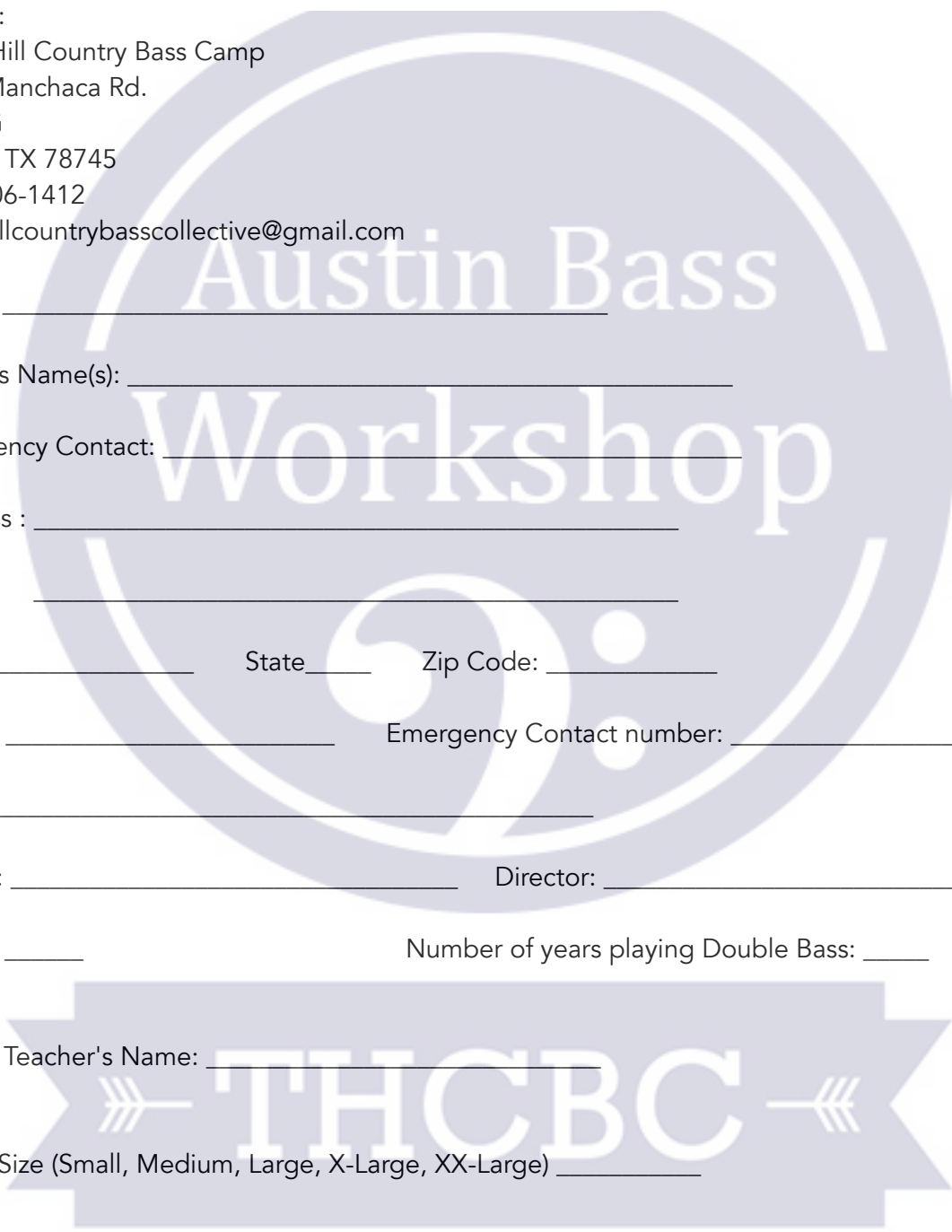
Email: _____

School: _____ Director: _____

Grade: _____ Number of years playing Double Bass: _____

Private Teacher's Name: _____

T-Shirt Size (Small, Medium, Large, X-Large, XX-Large) _____



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Master Classes:

We will once again be having master classes with our amazing guest artists, if you are interested in playing during one of these events please select the artists you wish to play for:

Yes

No

Austin Bass
Workshop



» THCBC «

THCBC EMERGENCY / MEDICAL INFORMATION

Student Name: _____

Age _____ Grade (2017-18) _____ Birth Date _____ Gender _____

Dad's Name: _____ Dad (H): _____ Dad (C) _____ Dad (W) _____

Mom's Name: _____ Mom (H): _____ Mom (C) _____ Mom (W) _____

If parents cannot be reached: Name: _____ Relation: _____ Phone: _____

1. My Child has had the following: (Please check)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Serious Injury
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Surgery
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Measles	<input type="checkbox"/> Tires easily	<input type="checkbox"/> Bone or Joint
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Mumps	<input type="checkbox"/> Problems
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Bleeds freely

If your child had any of the above conditions, did he/she receive medical care? Yes No

2. Is your child on medication at this time: Yes No
If so what? _____ For What Condition? _____

3. Is your child under medical care at this time: Yes No
If so what? _____ For What Condition? _____

4. Is your child eligible for Medicaid? Yes No

5. Name of Insurance Company _____ Policy/Group# _____
Policy Holder's Name: _____ Insurance Phone Number _____

In case of accident or serious illness, I request the Texas Hill Country Bass Collective to contact me. If the Texas Hill Country Bass Collective is unable to reach me, I hereby authorize the the Texas Hill Country Bass Collective to call the physician indicated below AND to follow his instructions. If it is impossible to contact this physician, the the Texas Hill Country Bass Collective may take whatever arrangements seem necessary. If unable to name a physician or pay for medical services, then medical, hospital or welfare services may be authorized. I understand that the Texas Hill Country Bass Collective does not carry insurance, catastrophic or other, on my child and that I am responsible for payment of any injuries incurred.

6. Known Drug Allergies: _____

7. Local Physician's Name: _____

8. Address: _____ Office Phone _____

9. Hospital preference in case of emergency: _____

I have completed all of the above information and do hereby confirm it is true and accurate.

Signature of Parent / Guardian _____ Date _____

All information on this form will be used only by the Texas Hill Country Bass Collective faculty and staff and will be kept private.