



**2023-2024**  
***Hanover Park Jazz Ensemble***

**MUST BE RETURNED BY FRIDAY,**  
**NOVEMBER 3<sup>rd</sup>**

Name: \_\_\_\_\_  
(Please print it as you wish your name to appear in concert programs)

Phone Number: \_\_\_\_\_  
(One you can be reached in the event of an emergency)

Parent's Phone Number: \_\_\_\_\_  
(A number they can be reached at in case of emergency)

Student's Email address: \_\_\_\_\_  
(One you check OFTEN) (Print CLEARLY)

Parent's Email address: \_\_\_\_\_

**Please read, and sign below (Required of all members):**

*I certify that I take full responsibility for my individual preparation, and am prepared to be ON TIME at ALL rehearsals AND performances of this Jazz Ensemble. I have read and agree with all of the information contained in the Hanover Park Jazz Ensemble information document which was distributed prior to auditions, particularly those portions detailing individual expectations and rehearsal and performance schedules. I understand that membership is a privilege which could be revoked if I choose not to meet the expectations and requirements of the ensemble. I further acknowledge that I will make this ensemble a priority through scheduling, individual practicing and preparation, and positive support. I will be prepared and present at all rehearsals and performances, understanding that these are mandatory (except illness and serious family events). I also pledge to uphold to the best of my abilities the standards and expectations of this ensemble, and the tradition of the Hanover Park High School Jazz Ensemble. **FAILURE TO UPHOLD THESE EXPECTATIONS MAY RESULT IN REMOVAL FROM THE GROUP AT THE DIRECTOR'S DISCRETION.***

Student Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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