

# HIGH SCHOOL ALL STARS

2019-2020



Name: \_\_\_\_\_ Male  Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Grade: \_\_\_\_\_

High School: \_\_\_\_\_ Band Director: \_\_\_\_\_

Do you play in your high school jazz band (Y/N)? \_\_\_\_\_

Do you play in your high school marching band (Y/N)? \_\_\_\_\_

Do you play in your high school orchestra (Y/N)? \_\_\_\_\_

Primary Instrument: \_\_\_\_\_ Secondary Instrument: \_\_\_\_\_

Do you take private lessons (Y/N)? \_\_\_\_\_ Private Instructor: \_\_\_\_\_

Are you comfortable improvising solos? \_\_\_\_\_

Please list some of your musical influences: \_\_\_\_\_

What music are you listening to regardless of genre? \_\_\_\_\_

On a scale from 1-5, how familiar are you with jazz history? (1=not at all, 5=very) \_\_\_\_\_

Have you previously participated in San Jose Jazz Programs (Y/N)? \_\_\_\_\_

If so, which ones? \_\_\_\_\_

How did you hear about High School All Stars? \_\_\_\_\_

## Family Information

Parent/Guardian 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

In signing this application form, signees agree to allow San Jose Jazz to use any and all images taken from rehearsals and performances for marketing and publicity purposes. Student also agrees to attend all rehearsals and performances.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

San Jose Jazz does not discriminate on the basis of race, color, gender, gender identity, religion, ethnicity, sexual orientation or nationality in student admissions in any program it administers.