

High School Honours Jazz Ensemble



University
of Windsor

School of Creative Arts



The University of Windsor's School of Creative Arts presents the "Honours Jazz Ensemble" under the direction of Mr. Robert Fazecash. The purpose of this group is to provide aspiring high school music students the opportunity to perform in a high-caliber jazz oriented youth ensemble.

This group will be open to all students in grades 9 to 12 by audition on the following instruments: Trumpet, Trombone, Saxophone (Alto, Tenor, Baritone), Piano, Bass, Guitar, Drums. Auditions will be by appointment and will be ongoing. There will be a \$115 fee for successful applicants participating in the 10-week program, beginning Tuesday, October 1 and finishing December 10. The ensemble will also run during the Winter semester.

Rehearsals will be on Tuesday evenings from 7 – 9 pm. at the School of Creative Arts -- the former Windsor Armouries located on Freedom Way at University Avenue, one block east of Ouellette Avenue in downtown Windsor. All interested students register by filling out the accompanying form and return to:

Mr. Robert Fazecash
Director, Jazz Ensemble
The University of Windsor
School of Creative Arts/Music
401 Sunset Ave.
Windsor, ON N9E3P4
or email: faz@uwindsor.ca

Audition Requirements

1 prepared jazz excerpt of your choice (e.g. From an arrangement from your school group or a song from the Real Book)

Scales – up to 4 sharps and 4 flats

Sight Reading – Blues melody

Drums: demonstrate various styles (swing, latin, rock, funk)

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Registration Form

Full Name: _____

Age: _____ Grade: _____

Mailing Address: _____

City: _____ Province: ON Postal Code: _____

Email: _____

Phone Number _____

Parent Name: _____ Phone number: _____

Parent Email _____

Emergency Contact: Parent cell#: _____

Name of your school _____

School Music Teacher's Name _____

Name of your Private Music Teacher (if applicable) _____

Main Instrument: _____

Have you taken private lessons? Yes No

How many years have you been playing your instrument? _____

Do you participate in your high school jazz band? Yes No

All participants' parent/guardian must complete and sign a University of Windsor waiver.

Fee: \$100 Honour Jazz Ensemble

\$15 Administration fee

\$115 Total cost. Please make your cheque payable to "University of Windsor"

Secure online registration and payment available at www.uwindsor.ca/music



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ACTIVITY WAIVER FORM

Honours Jazz Ensemble 2024-2025

1. This Waiver covers my child's participation in any one or more activities, including but not limited to: large ensembles rehearsals, sectionals, group sessions, rehearsal time and final performance (herein referred to as the "Activity").
2. Participation in any of the above listed activities may involve risks, dangers and hazards. I am aware that by allowing my child to participate in any of the above activities he/she may be exposed to risk, personal injury or damage to property. I accept and assume those risks.
3. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to my child during this time at the University of Windsor. I hereby release and hold harmless the University of Windsor, their respective employees Officer and Directors, and all sponsors, persons, and entities from liability for injuries, loss and damages sustained to me, whether caused by negligence of the sponsors, other persons, or entities associated with this field trip, or otherwise.
4. I understand the activities will be supervised by faculty and/or staff of the University and I will comply with their instructions and directions during the activities.
5. I acknowledge that pictures and/or video may be taken of the activities and used for promoting University programs.
6. I acknowledge that I am responsible for the safekeeping of my child's personal property. The University of Windsor, their employees and directors, and all sponsors, persons, and entities associated with the University of Windsor not responsible for loss or damage to personal items.

I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above RELEASE, WAIVER AND INDEMNITY.
I WARRANT that my child has my approval to take part in these activities.

NAME OF STUDENT: _____

NAME OF PARENT/GUARIDAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____