

# “Introduction to Handbells” Intergenerational Workshop 2010

***Saturday, July 17, 9:30AM – Noon***

**COME EXPLORE the basics of ringing handbells and reading simple rhythms from a musical score**

Students entering grades 4 through adult are invited to join us as we experience the joy and satisfaction of ringing English handbells. This workshop is designed for kids and adults of all ages who would like to learn the basic skills needed to ring bells in a group setting. We will explore all the various techniques used to create different sounds, learn to read simple rhythmic patterns, and perform some easy songs with melodies and chords. Director Dan Hibbett will prepare participants to present a song for friends and family members at the conclusion of the morning session. NO previous musical experience is necessary. This workshop is designed for beginning/second-year ringers.

Sound like fun? It will be! ***So complete this form (don't forget the back) and return it to the Summer Music registration box (or Dan Hibbett's mailbox) in the church office by July 1 . Space is limited to the first 20 registrants so don't delay.*** There are no fees or tuition. This is a free workshop!

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Grade in Fall 2010** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**I would like to be in a group with** \_\_\_\_\_

**Reverse must be filled out and signed if under the age of 18.**

(This event is free to all participants thanks to a gift from the Merrill Family Foundation.)

If you have questions, contact  
Dan Hibbett, 503-246-2325, x19.  
dan@stlukechurch.com

Additional forms are available in the church office.

# St. Luke Lutheran Church Permission Slip and Medical Consent Form

I give my son/daughter, \_\_\_\_\_, permission to participate in the following St. Luke Lutheran Church event:

**Event:** Introduction to Handbells Workshop **Location:** St. Luke Lutheran Church  
**Dates:** Saturday, July 17, 2010 **Time:** 9:30am - Noon

I, the undersigned, hereby authorize a representative of St. Luke Lutheran Church to consent to and authorize emergency medical, surgical, or dental treatment to my son/daughter \_\_\_\_\_, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent of Guardian: \_\_\_\_\_  
(print name) (signature)

Date: \_\_\_\_\_

## *Personal and Emergency Contact Information*

Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Phone Numbers: \_\_\_\_\_  
(home) (work) (cell/pager)

Emergency Contact: \_\_\_\_\_  
(name) (relationship) (phone)

## *Medical and Insurance Information*

Family Physician: \_\_\_\_\_  
(name) (phone)

Health Insurance: \_\_\_\_\_  
(company) (policy number) (group number)

\_\_\_\_\_  
(Policy holder's name) (customer service number)

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Additional issues you wish us to be aware of:

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**St. Luke Lutheran Church**  
6835 SW 46th Ave.  
Portland, OR 97219  
503-246-2325  
www.stlukechurch.com