

THE JAM

2010 Summer Music Camp



MEDICAL FORM

Student: _____

Student's Doctor's Name: _____

Student's Doctor's Phone Number: _____

Is student on any special medications? Yes ___ No ___

If so, does student need help with them during the Camp? Yes* ___ No ___

* Please list special instructions _____

Parent's Name: _____

Parent's Phone Number: _____ Cell Phone: _____

Additional Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship _____

In case of serious accident or illness, I authorize the Camp to take emergency measures to protect my child. I request the Camp to contact me. If the school cannot reach me, I hereby authorize the Camp to call the person indicated above and follow his/her instructions. I do waive and release the Camp and Battle Ground Academy, its representatives, and/or assigns from any and all liability or claims arising from the summer program.

Parent Signature: _____ Date: _____

Be sure to turn in the following to complete your application:

Waiver • Medical Form • Questionnaire • Application • \$100 deposit • Audition Demo (NEW students only)

Return to: The JAM Headquarters at The Red House • 138 3rd Avenue South • Franklin, TN 37064