

Last Name \_\_\_\_\_

# THE JAM

**2012 Summer Music Camp**

**SHUFF'S**  
MUSIC  
Historic Downtown Franklin

**BGA**

## MEDICAL FORM

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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 • Photo • Audition for all vocalists and students not at JAM 2011  
Return to: The JAM Headquarters at The Red House • 138 3<sup>rd</sup> Avenue South • Franklin, TN 37064**