



**Junior
Appalachian
Musicians[®]
Alexander**

JAM Registration

Please check one: New JAM Student Returning JAM Student

How did you learn about JAM? _____

Student Name: _____

Grade: _____ School: _____

Instrument choice: _____

Loaner Instrument Needed: (check if yes) Loaner Instrument ID#: _____

**Instrument loan agreement: instrument(s)/accessories are provided to students that are active in Alexander JAM. Loaner instruments/accessories are expected to be taken care of and returned back to the program relatively in the same condition as which they were received. In other words, instruments were made to be played and will show signs of wear if played (that's good), just take care of them.*

Dietary Restrictions (if any): _____

Parent/Guardian Name: _____

Street Address: _____

City, State Zip: _____

Phone #: _____ Mobile #: _____

Email: _____

Payment Info

Amount Paid: _____ Date: _____

Cash Check No. _____

Parent/Guardian signature: _____



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Alexander JAM Parental Permission Slip

Alexander JAM agrees to use reasonable efforts to assure that its staff is properly qualified and trained. The staff will take all reasonable measures to insure the safety of all children in its care and to provide competent adult supervision. Should it be necessary to provided medical attention to my child because of illness or accident, I give my permission to the staff of ALEXANDER JAM to secure appropriate medical attention of assistance as required in the judgement of the staff. I have been advised of the nature and purposes of this activity sponsored by Alexander JAM and wish for my child _____ to participate.

A brief description of the activity is described below. I acknowledge that the activity will provide a benefit to my child and give my consent for my child's participation in the activity. I understand that payment for this event is non-refundable. I hereby release ALEXANDER JAM from any and all liability for personal injury or property damage arising out of the activity and agree to hold ALEXANDER JAM harmless from any claim, demand, damage, or suit arising out of such activity.

Students will participate in the Alexander JAM program and other times and locations as are made available to students, such as concerts, festivals, etc., meeting weekly, beginning _____ and will continue through_____. All classes will be held on_____, except in the event of weather conditions. In which case, ALEXANDER JAM will follow the dictates of the Alexander County School System, cancellation or early dismissal policy. Parents or responsible adults will transport and pick up student within a 15-minute pre/post window.

Please list drivers authorized to transport: _____

ALLERGIES, food or other_____

PARENT/GUARDIAN SIGNATURES

1)_____ 2)_____

.....
PLEASE KEEP THIS PORTION FOR YOUR INFORMATION

PLACE:

DATE:

TIME:

TELEPHONE:

RESPONSIBLE LEADER:

COST: