

Performing Arts Participation / Emergency Contact Form

Student Name:	Group Name
Email:	Cell Phone:
Home Address:	
TO BE COMPLETED BY THE PARENT OR C	GUARDIAN:
Parent/Guardian Name(s):	
Home Phone:	Cell Phone:
Work Phone:	_
Email(s):	
In case of an emergency, if you cannot be reach Name:	
Relationship to student:	-
seek medical service in case of serious injury or illing his/her participation in all programs and activities agents. I release 3 Jays Entertainment from any recourse, loss or damage, including any consecutation whatsoever arising from his/her participation in the engaged in can expose participants to risks and hat performing; and that I nevertheless freely and volu understood and agreed that 3 Jays Entertainment	, I authorize 3 Jays Entertainment ness if I am unable to be contacted. I give my voluntary consent of provided by 3 Jays Entertainment, its principal, employees are and all liability and waive as against 3 Jays Entertainment acquential damage or loss, claims, causes of action of any king e activity. I acknowledge by their very nature, that the activities azards such as, but not limited to, physical injuries incurred which intarily assume all of the aforesaid risks and hazards. It is hereby shall not be responsible for any theft, damage or injuries incurred. Jays Entertainment shall not be responsible for his/her care after
Signature of parent or Guardian	Date





