

## 2017 JuMP Company Family Membership Form

Member Name \_\_\_\_\_ Phone \_\_\_\_\_ Text? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Member Name \_\_\_\_\_ Phone \_\_\_\_\_ Text? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Member Name \_\_\_\_\_ Phone \_\_\_\_\_ Text? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(If additional space is needed, please use the back of the form)

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Parent's Name : \_\_\_\_\_ Cell#: \_\_\_\_\_ Text? \_\_\_\_\_

Email: \_\_\_\_\_ (list only if reliable way for JuMP to contact you)

Parent's Name : \_\_\_\_\_ Cell#: \_\_\_\_\_ Text? \_\_\_\_\_

Email: \_\_\_\_\_ (list only if reliable way for JuMP to contact you)

1. I HAVE READ A COPY OF THE JuMP COMPANY BEHAVIOR AND SUBSTANCE ABUSE POLICY
2. I HAVE READ A COPY OF THE YOUTH PROTECTION GUIDELINES.
3. I HAVE READ A COPY OF THE PARENT PARTICIPATION AND ATTENDANCE REQUIREMENTS.
4. I HAVE READ AND UNDERSTAND AND AGREE TO ABIDE BY THESE POLICIES.
5. I AUTHORIZE AND GIVE JuMP COMPANY PERMISSION TO PUBLISH CAST MEMBERS NAMES AND PHOTOGRAPHS FOR PUBLICITY PURPOSES

JuMP Company member signatures: : \_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_