

2024 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)

Please let us know if your child has any special needs that we should be aware of to help the production be a positive experience for him/her.

1. I HAVE READ AND UNDERSTAND THE JuMP COMPANY PARTICIPATION POLICIES FORM AND AGREE TO ABIDE BY ALL POLICIES.
2. I AUTHORIZE AND GIVE JuMP COMPANY PERMISSION TO PUBLISH CAST MEMBERS NAMES AND PHOTOGRAPHS FOR PUBLICITY PURPOSES

Parent signature: _____

JuMP Company member signatures: _____
