



KEVIN JONES
PERFORMING ARTS
S · T · U · D · I · O

3105 Bramble Glen Dr
 Myrtle Beach, SC 29579
www.kjpas.com kevin@kjpas.com
 843-251-9542

New York City 2018

REGISTRATION FORM

I, the undersigned parent/legal guardian, hereby give permission for (please print clearly):

(First Name)
(Middle Name)
(Last Name)

Birth Date: ____/____/____
 (DD /MM /YYYY)

to participate as a student/traveler with the Kevin Jones Performing Arts Studio on its Performing Arts trip to New York City, July 11-16, 2018.

In consideration, I hereby waive and release all rights and claims for damages against Kevin Jones, Kevin Jones Performing Arts Studio, its agents, associates, volunteers and employees. This waiver includes (but is not limited to) release from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Kevin Jones, Kevin Jones Performing Arts Studios, and/or other above described parties and associates for all personal injuries (known or unknown), which the above named child has or may incur from illness, accident, or travel.

I allow Kevin Jones Performing Arts Studio to use photographs and video recordings made during the trip, including letters written to Kevin Jones Performing Arts Studio during or after the trip for promotional purposes.

Furthermore, I authorize representatives and/or associates of Kevin Jones Performing Arts Studio to seek medical care for my child in case of emergency during the course of the trip on the following dates: July 11-16, 2018

I release Kevin Jones Performing Arts Studio and/or its representatives and associates from liability arising from such care.

The undersigned has read the foregoing and understands all its terms. It is executed voluntarily and with full knowledge of its significance.

 Parent/ Legal Guardian Name (Signature)

 Date

(OVER~)

CONTACT INFORMATION

STUDENTS' NAME _____ BIRTH DATE _____

GENDER _____ AGE _____ STUDENT CELL PHONE _____

PARENT OR GUARDIAN _____

HOME PHONE _____ PARENT CELL PHONE _____

HOME ADDRESS _____

IF PARENT IS NOT AVAILABLE, IN AN EMERGENCY PLEASE NOTIFY:

Name _____ Phone _____

HEALTH HISTORY

Allergies To Medications (please list)

IMMUNIZATIONS: Date of Last Tetanus Booster _____

HISTORY OF ILLNESS AND/OR INJURY:

Convulsions Yes _____ No _____ Heart Defect or Disease Yes _____ No _____

Bleeding Disorder Yes _____ No _____ Diabetes Yes _____ No _____

Asthma Yes _____ No _____ Kidney Disease Yes _____ No _____

Operations, serious injuries, or other diseases (please include dates) _____

PLEASE LIST ALL MEDICATIONS FREQUENTLY TAKEN:

Name of family physician or pediatrician _____ Phone _____

Name of dentist _____ Phone _____

Insurance Company _____

Policy Number _____ Group Number _____