

I. INFORMATION

Student Name: _____ Student Email: _____

Parent/Guardian Name (#1): _____ Parent/Guardian Name (#2): _____

Parent/Guardian Email (#1): _____ Parent/Guardian Email (#2): _____

Parent/Guardian Phone (#1): _____ Parent/Guardian Phone (#2): _____

Should we contact the parent/guardian(s) listed above in case of an emergency? yes or no

If no, please list the name, relationship to student, phone number, and email of **two** emergency contacts:

II. Agreements

Media Consent:

I understand that photos, videos, and audio recordings of my child may be taken during this workshop. I hereby authorize the James Madison University staff and the School of Music staff to take, use, and publish photographs, video and/or audio records of my child for education, public relations, marketing, and purposes specifically related to the JMU School of Music and the JMU Jazz Combo Workshop.

Agreement to Media Consent.

Medical Release:

I give permission for the staff of the JMU Jazz Combo Workshop to secure emergency medical care for my child if there is insufficient time to contact me.

Agreement to Medical Release.

Payment Information:

I understand that, though the JMU Jazz Combo Workshop is free, students will need to pay for their own lunch at JMU's D-Hall for approximately \$18.00, which can be paid with cash or card.

Agreement to Payment Information.

III. SIGNATURE

Sign and date below in order to:

- (1) Complete your participant's application process.
- (2) Verify that all of the above information is accurate and complete.
- (3) Give permission for your child to attend the JMU Jazz Combo Workshop held at James Madison University on
August 29, 2026.

Signature: _____ Date: _____

Once this form has been completed and signed, please email it to Dr. Chuck Dotas at chuckdotas@mac.com