

JumpStart Registration/Release Form

MMS Jump Start 2022 Registration/Release Form

Conducted by
Empowering Madison Youth to Succeed (EMYS)

Choice of sessions (choose one):

Session 1 (8/08/2022) Monday _____
(8:30am-12:00pm)

Session 2 (8/9/2022) Tuesday _____
(8:30am-12:00pm)

STUDENT NAME _____

PARENT/GUARDIAN'S NAME _____

HOME/CELL PHONE _____ WORK PHONE _____

Email (if available) _____

Allergies/illnesses/Medications _____

Does your child have any physical limitations that will prevent him/her from walking, climbing stairs, etc? If so please describe _____

PARENT/GUARDIAN RELEASE

I understand that the school discipline policies will be enforced during activities. On rare occasions, an emergency requiring medical attention may develop. I understand that every effort will be made to contact parents/guardians of the participant. In the event that I cannot be reached, I hereby give permission for the Jump Start program staff to secure proper treatment for my child. I give permission for my child to take part in the Jump Start program's publicity activities, which may include interviews, and/or photographs.

Parent/Guardian Signature