The Washington Jazz Arts Institute

*Parent/Guardian Signat	ture:		Date:
purposes.			
likeness for virtual and in	n- person performances,	, and for cu	arrent and future promotional
* I hereby consent to WJ2	AI photographing and i	recording m	ny child's performance and
Emergency Contact(s): (inclu	de names, addresses, email	addresses, da	aytime phone and cell phones for each)
Cell Phone:	E-Mail:		
Home phone		Work phone:	
Name:			
* Parent/Guardian Informat	ion		
Primary Instrument/Years player	ed:		
Current School:	Grade fal	11 2022:	Instructor:
Phone/home:	Phone/cell:		email:
Address:			Zip:
Name:		Age:	Birth Date:
Dates: June 26 to July 21, 20	23, Hours: M-F, 9:00am-2	:00pm	
Summer Program Registration	On .		
4704 13th Street NW Washington, DC 20011 202-829-5511			
People's Congregational Unit	ted Church of Christ		
Our Program Site			
<u>TheSax56@aol.com</u> – (202)744	4-1240 (Artistic Director, Da	vey Yarborou	igh)
WJAI.org			
Ph: (202) 291-1949 - Fax: (202	291-7664		