

starting artists

AFTER SCHOOL PROGRAM: 2009-2010

STUDENT

NAME:

First

Middle

Last

Date of Birth

Grade

Sex

School Name

Home Address

Cell#

Email

(optional) I identify as the following race/ethnicity: (check all that apply)

American Indian

Asian/Pacific Islander

African American

Latino/a

White

PARENT/GUARDIAN 1

NAME:

First

Middle

Last

CONTACT:

Home

Work

Cell

Email

Home Address (if different)

PARENT/GUARDIAN 2

NAME:

First

Middle

Last

CONTACT:

Home

Work

Cell

Email

Home Address (if different)

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AFTER SCHOOL PROGRAM: 2009-2010

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

NAME:

First

Last

Relationship

PHONE:

Home

Work

Cell

STUDENT HEALTH INFORMATION

Please list and describe all allergies, medical conditions, and medications of the participating student:

WAIVER

I/we fully understand the potential risks involved with my child's participation in this program. In the event that a medical emergency should occur I/we hereby give permission for my child to receive emergency medical treatment. I agree to update the emergency contact form as needed.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless Starting Artists, Inc. and its directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child or damage to my child's property while my child is upon the Starting Artists premises, or observing or using any facilities or equipment of Starting Artists or participating in any Starting Artists program.

I/we understand that, should my child purposefully and intentionally cause damage or destruction to Starting Artists facilities/equipment, I am responsible for providing the necessary repair or replacement.

I/we hereby consent to having photographs/video images taken of my child by a Starting Artists staff member or a professional approved by Starting Artists and the use of such visual images at the discretion of Starting Artists. I/we hereby release Starting Artists, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of Starting Artists.

Name of Parent/Guardian

Signature

Date