

# YOUTH Information, Agreement and Release Form

To be filled out ONLY ONCE per student - updated as needed



## Section A: STUDENT Information

STUDENT Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M / F      Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Name of School: \_\_\_\_\_

Please list any physical disabilities, restrictions, conditions or illnesses which might require medical attention, affect your participation in classes or be useful for your instructor to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Family/Student Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever used services from Carrie Tingley Hospital?     Yes     No

Would you like to receive info from Carrie Tingley Hospital?     Yes     No

How did you hear about Keshet? \_\_\_\_\_

How do you/will you arrive at Keshet (circle as many as apply)?

Car    Carpool    Bus    Rail Runner    Walk    Bike

## Section B: PARENT/GUARDIAN Information

### Household #1:

Name(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Email(s): \_\_\_\_\_

Employer(s) (optional): \_\_\_\_\_

### Household #2:

Name(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Email(s): \_\_\_\_\_

Employer(s) (optional): \_\_\_\_\_

### Emergency Contact (someone OTHER than parents/guardians listed above):

Name: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Is your child authorized to leave independently (bus, car, walk, etc?)     Yes     No

Please list the people in addition to parents/guardians listed above who are authorized to pick up your child - amendments to the list can be made at any time:

\_\_\_\_\_  
\_\_\_\_\_

**Keshet Dance Company does not discriminate on the basis of race, religion, sex, national origin or sexual preference. KDC has sole discretion regarding admittance and participation of individuals in classes, programs, and productions.**

## Section C: Demographic Information (optional)

# of members in household \_\_\_\_\_

### Ethnicity:

African American

Asian

Hispanic

Latino

Caucasian

Native American

Multi-Racial

Other

### Yearly Household Income:

\$0-\$10,000

\$10,000-\$15,000

\$15,000-\$20,000

\$20,000-\$25,000

\$25,000-\$30,000

\$30,000-\$35,000

\$35,000-\$40,000

\$40,000 & above

### Parents' Marital Status:

single-never married

single-widowed

divorced

married/partners (have raised child together)

re-married/partners (blended family)

### Parent #1

works outside of home PT

works outside of home FT

works at home

does not work

\_\_\_\_\_ some high school

\_\_\_\_\_ completed high school

\_\_\_\_\_ some college

\_\_\_\_\_ completed college

\_\_\_\_\_ graduate school or above

### Parent #2

works outside of home PT

works outside of home FT

works at home

does not work

\_\_\_\_\_ some high school

\_\_\_\_\_ completed high school

\_\_\_\_\_ some college

\_\_\_\_\_ completed college

\_\_\_\_\_ graduate school or above

## Section D: Releases, Waivers & Agreements

### Publicity Release

I authorize the use of my or my child(s) name and photo image in direct conjunction with publicity materials associated with the promotion of Keshet Dance Company (KDC) and recognize that said materials are property of KDC to be used at the discretion of KDC including, but not limited to, print media, advertising, press releases, feature media/articles, radio and television news or promotion. I also waive any claim of royalty or compensation due for name and photo usage. **Initial** \_\_\_\_\_

### Health Insurance / Liability Release

It is the policy of Keshet Dance Company (KDC) that anyone participating in KDC endeavors is responsible for obtaining his/her own health and accident insurance. While every effort will be made to ensure a safe environment for classes, rehearsals, performances, technical work, or any other KDC activities, you are aware that you are ultimately responsible for your own safety. You must be the final judge of whether or not you are in danger of being harmed.

I am aware that one of the many programs Keshet offers is for recently paroled youth. If accepted into this program, paroled youth may participate in Keshet's classes, programs and productions under the supervision of a Keshet staff member. **Initial** \_\_\_\_\_

In the event of accident or injury occurring while participating in KDC activities, KDC personnel will make every effort to obtain emergency medical services. Therefore, you agree to keep, save and hold harmless KDC from all liability claims, losses, damages, cost or expense (including attorney's fees) arising out of or resulting from injury caused by the negligence of KDC or the agents or employees of KDC. **Initial** \_\_\_\_\_

### Student Agreement

I understand that KDC reserves the right to refuse admittance of any student to any class for which they are unqualified or inappropriate for due to age, level or any other reasons deemed appropriate by KDC staff. I understand that KDC reserves the right to cancel any classes for which there are 5 or fewer students enrolled. I understand that KDC will not allow students into any classes for which they are tardy by 15 minutes or more. **Initial** \_\_\_\_\_

**I have read, understand & agree to all information listed in Section D**

Parent's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ date \_\_\_\_\_