YOUTH Information, Agreement and Release Form

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

keshet dance company

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

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
___Mixed Race/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	Parent #2
___works outside of home PT	___works outside of home PT
___works outside of home FT	___works outside of home FT
___works at home	___works at home
___does not work	___does not work
___some high school	___some high school
___completed high school	___completed high school
___some college	___some college
___completed college	___completed college
___graduate school or above	___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.

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.

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.

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.

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

Parent's Signature:_____

Printed Name: _____ date _____