



Release Day Registration Form 2016-17

Child's Name: _____
Last First Calling Name (if different)

Home Address: _____
Street City/State Zip

School: _____ **Grade:** _____ **Date of Birth:** _____

Gender (please circle): Male Female Other **Ethnicity (optional, for statistics only):** _____

Medical Info (including allergies): _____

Parent/Guardian #1:

Name _____

Home Address, if different from child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian #2:

Name _____

Home Address, if different from child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact 1 (non-parent, also authorized pick-up):

Name _____

Phone _____

Emergency Contact 2 (non-parent, also authorized pick-up):

Name _____

Phone _____

How did you hear about us?: _____

Days Attending: Cost is \$45/day. All fees are non-refundable

October: 10-19-2016 10-20-2016

November: 11-03-2016 11-23-2016

December: 12-19-2016 12-20-2016 12-21-2016

January: 01-16-2017 01-30-2017

Consent to act in an Emergency:

I give my permission to Urban Arts Academy and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, guardian and/or physician. Further, I hereby release and agree to hold harmless and to indemnify Urban Arts Academy, its staff and volunteers, from any claims, losses or expenses incurred. Speaking as a legal guardian of this participant, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in activities at The Urban Arts Academy.

Consent to Photograph and Media Release:

I understand that my child's photograph or video may be taken during instruction, special events, and performances. I hereby grant permission to Urban Arts Academy to use my child's photograph or likeness in any publicity or promotional publications. (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Walking/ Field Trip Release:

My child has my permission to take supervised walks in the neighborhood, trips to the park, and pre-arranged field trips and I do not hold Urban Arts responsible for lost articles, harm or injury to student.

Signature of Parent/Guardian _____ Date _____