

STUDENT ENROLLEMENT AND CONSENT FORMS

STUDENT

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Date of Birth: _____ Gender: Female Male Other: _____

PARENT/GUARDIAN

First Name: _____ Last Name: _____

Relationship: _____

Street Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

EMERGENCY CONTACTS

Name of Primary Contact: _____

Relationship: _____ Phone Number: _____

Name of Secondary Contact: _____

Relationship: _____ Phone Number: _____

In an emergency, the staff at transcendANCE has my permission to obtain treatment for the student listed above in a hospital emergency room.

Signature of parent/guardian

Date

MEDICAL CARE

Does the student have any known allergies? Please list all allergies: _____

Does the student have any dietary restrictions (vegetarian, vegan, allergies, etc)?

Name of Primary Care Physician: _____ Phone: _____

Hospital Preference: _____

Insurance Provider (if applicable): _____

STUDENT EDUCATION

Current Grade: _____ School Name: _____

What language(s) is spoken at home? _____

PARTICIPATION, RELEASE, AND CONSENT

Please initial all sections for which you give permission.

Permission to Participate _____

I, the undersigned, consent for my child to participate in CREATE Express Camp, a program of transcenDANCE Youth Arts Project. I agree to hold harmless transcenDANCE against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the transcenDANCE Program.

Release of Information/Records _____

I, the undersigned, consent to transcenDANCE that my child may be asked to complete a confidential survey about his or her attitudes, learnings and opinions as part of the program evaluation. I understand the information obtained will be statistically analyzed and that my child's name will be withheld for confidentiality purposes. I understand that this information, in addition to the survey, will be part of a larger program evaluation, and only the evaluation team and program staff will have access to this confidential information.

Medical Consent _____

I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, and doctor's assistant or medical care facility that may be required.

Therapeutic Support _____

transcenDANCE staffs a licensed clinical social worker who is on site for crisis support and for one on one counseling as needed/requested. I understand that this service is made available to my child and that they may access it at will. With certain exceptions, all discussions are strictly confidential. Under limited circumstances, the facilitator or other representative of transcenDANCE may be permitted or required to break confidentiality, such as when needed to protect a person from harm or to report suspected abuse of a child, elder, or dependent adult. By initialing above, I give transcenDANCE permission to provide the counseling experience to your child if they request it.

Transportation _____

I fully understand that my child will be transported by school bus between their school campus and the transcenDANCE studio each day of CREATE Express Camp. Additionally, program staff may transport my child to transcenDANCE in a personal vehicle or by public transportation to and from various activities and hereby release and hold harmless transcenDANCE against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the transcenDANCE Program.

PARTICIPATION, RELEASE, AND CONSENT, cont'd.

Photography _____

I fully understand that my child's dance may be displayed in the community and my child might be in contact with the press at events or performances. Also, it may be necessary for program staff to photograph or video tape program youth to advertise transcenDANCE or for other purposes. I give permission for program staff to photograph or video tape my child. I understand that transcenDANCE will only use my child's first name.

Authorization for Release of an Unaccompanied Youth

One of transcenDANCE's program policies is that all CREATE Express Camp students travel to and from our studios as a group on a school bus. In some cases, a child may be picked up by a parent, guardian or other authorized person. However, if you want your child to leave on her or his own to take the bus, walk, go by bike, etc. you may request an exception to this policy.

I give permission for my youth to leave transcenDANCE unaccompanied. I understand transcenDANCE is not responsible for insuring that my child arrives home safely.

I do NOT give permission for my youth to leave transcenDANCE unaccompanied.

List authorized adults who may pick up my youth:

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.

Name of Student

Signature of Parent or Guardian

Date

Once you have completed the form, please return to your school liaison before the first day of your CREATE Express Camp. If you have questions, please call the transcenDANCE office at 619-474-4903.