



2011-2012

# Enrollment Form For Prior client

Child Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Main phone \_\_\_\_\_

(    )

School Name \_\_\_\_\_

Grade for 2010/11 school year \_\_\_\_\_

Mother's name \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

(    )

(    )

Father's name \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

(    )

(    )

Please list any allergies your child has: \_\_\_\_\_

I would like to help the Youth Talent School by giving up the applicant's scholarship.

Yes

No

(Circle one)

**Please read the following carefully and acknowledge your agreement by initialing each section.**

\_\_\_\_\_ Liability Release/Waiver

(Initials)

- The Youth Talent School does not maintain health insurance for injuries to the participant that may arise out of the involvement in this program.
- By virtue of participation, I, or my child(ren), may risk bodily injury and or other loss including damage to property. I knowingly and freely assume all such risk for myself and my child(ren).
- I release and hold harmless and will not hold legally responsible the Youth Talent School, its officers, agents, contractors, subcontractors, volunteers or employees with respect to any and all such injury and or loss except that injury or loss which results from negligence or willful misconduct of one of the individuals or organizations.
- I agree to inform my child(ren) that he/she must follow all safety rules, as well as any others given during Youth Talent School program activities.

\_\_\_\_\_ Medical Release

(Initials)

I hereby authorize and give my consent for emergency medical care to be given to the above named child while he/she participates in Youth Talent School programs.

In case of minor injury, I give permission for certified staff of Youth Talent School to administer first aid if necessary.

In case of emergency, I understand that every effort will be made to contact me or the person(s) named above. In the event that no one can be reached, I give permission to the physician selected by employees of Youth Talent School to render proper treatment. I agree to pay for the expenses arising from emergency medical treatment to my child.

I also authorize the Youth Talent School to make and use photographs, slides or video tapes of the child named on this application as may be needed for its records, publications or on the website.

I waive any right to claim against the Youth Talent School, its trustees, employees, authorized chaperones, any liability for injuries, loss, cost, damage and personal injury to my child arising out of the activities.

I have read and agree with the school policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_