



2011-2012

Enrollment Form

Please complete the enrolment form, sign it and return it with your **non-refundable** enrollment fee of \$50 per child.

Child Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (mm/dd/yyyy)
Home Address	City	State Zip
Main phone ()	Email	
School Name	Grade for 2011/12 school year	
Mother's name	Work phone ()	Cell phone ()
Father's name	Work phone ()	Cell phone ()
Please list any allergies your child has:		
Parent's evaluation of child's personality:		
Parent's evaluation of child's health:		
Does your child have any special fears or challenges?		
I would like to help the Youth Talent School by giving up the applicant's scholarship. (Circle one)	Yes	No

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** _____



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Emergency Information Form

Parent/ legal guardian must complete this form prior to child attending the program.

In order for Youth Talent School to provide the best possible service to your child, please fill in all necessary information.

Child name _____

Additional local adults authorized to remove child from program/facility and to be contacted in case of emergency

Name	Address	Telephone	Relationship
1.		()	
2.		()	
3.		()	
4.		()	
5.		()	

Preferred physician and/or dentist to be contacted in case of emergency

Name	Address	Telephone	Doctor/ Dentist
1.		()	
2.		()	

Youth Talent School Emergency Procedures:

Step 1: Appropriate staff administers basic first aid

Step 2: Call 911, if necessary

Step 3: Attempt to contact parent/legal guardian, and/or emergency contact

Step 4: Staff accompanies child to emergency facility, if necessary

Parent/Guardian Signature _____ Date _____