



**YOUTH STUDENT Information Agreement and Release Form**

**Section A: STUDENT INFORMATION**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address - Street: \_\_\_\_\_ City/state: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Have you ever used services from Carrie Tingley Hospital? Yes / No

Would you like to receive information from Carrie Tingley Hospital? Yes / No

How did you hear about Keshet? \_\_\_\_\_

**Section B: PARENT/GUARDIAN INFORMATION**

*\*Write "same" for any information same as student info.*

Parent/Guardian 1: Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Employer: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City/state: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian 2: Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Employer: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City/state: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Section C: EMERGENCY, SAFETY and HEALTH INFORMATION**

Please identify any physical disabilities, restrictions, conditions, or illnesses which might require medical attention, impact student participation in classes, or be useful for instructor(s) to bear in mind:

\_\_\_\_\_

Will your student require medication while at Keshet? If so, a medication release form is required. Check Here: \_\_\_\_\_

Emergency Contact (in the event that we cannot get in touch with a parent/guardian listed above):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Students aged 12 and under must be signed out by an adult before leaving the building. If your student is aged 13 or above, you may authorize them to sign out at the front desk and leave the building independently.

Is your student (aged 13+) authorized to sign out and leave independently? Yes / No

If there are restrictions regarding who cannot pick up your student, please list them here or contact Student Information Manager at Miles@KeshetArts.org.

\_\_\_\_\_

**For Internal Use Only** Accepted by: \_\_\_\_\_ Entered in: MB \_\_\_\_\_ Altru \_\_\_\_\_



**Section D: Household Demographics  
and Community Partner Information (OPTIONAL)**

*Keshet is a 501(c)(3) non-profit organization. Please help us report back to our community partners by completing the following information:*

<u>Student Ethnicity:</u> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		<u>Yearly Household Income:</u> <input type="checkbox"/> \$0 - \$11,770 <input type="checkbox"/> \$11,771 - \$14,999 <input type="checkbox"/> \$15,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$39,999 <input type="checkbox"/> \$40,000 and above		<u>Household Size:</u> Number of people in household: _____		<u>Employment</u> <table border="1"> <thead> <tr> <th></th> <th>Parent 1</th> <th>Parent 2</th> </tr> </thead> <tbody> <tr> <td>Works outside of home PT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Works outside of home FT</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Works at home</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Does not work</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Employers _____</td> <td></td> <td></td> </tr> </tbody> </table>			Parent 1	Parent 2	Works outside of home PT	_____	_____	Works outside of home FT	_____	_____	Works at home	_____	_____	Does not work	_____	_____	Employers _____		
	Parent 1	Parent 2																							
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Works outside of home FT	_____	_____																							
Works at home	_____	_____																							
Does not work	_____	_____																							
Employers _____																									
		<u>Parent Marital Status</u> <input type="checkbox"/> Single – never married <input type="checkbox"/> Single – widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married/Partners <input type="checkbox"/> Re-married/Partners		<u>Education</u> <table border="1"> <thead> <tr> <th></th> <th>Parent 1</th> <th>Parent 2</th> </tr> </thead> <tbody> <tr> <td>Some high school</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Completed high school</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Some college</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Completed college</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Graduate school and above</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Parent 1	Parent 2	Some high school	_____	_____	Completed high school	_____	_____	Some college	_____	_____	Completed college	_____	_____	Graduate school and above	_____	_____		
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**Section E: RELEASES WAIVERS AND AGREEMENTS**

**Student Name:** \_\_\_\_\_

Publicity Release:

I, as a parent of legal guardian of the student, authorize the use of the student’s name and photo image in direct conjunction with publicity material associated with the promotion of Keshet and recognize that said materials are property of Keshet to be used at the sole discretion of Keshet including, but not limited to, print media, advertising, press releases, feature media/articles, radio and television news or promotion and social media. I also waive any claim of royalty or compensation due for name and photo usage.

**Initial** \_\_\_\_\_

Liability Release:

I, as a parent or legal guardian of the student, hereby grant the permission necessary to participate in Keshet classes, performances, and activities. I, on my own behalf and on behalf of the student further agree to release and hold harmless Keshet from any and all liability arising out of or connected with Keshet classes, performances, and activities. This includes any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that the participant may incur or sustain during Keshet classes, performances, or activities. The terms hereof shall serve as a release and assumption of all risk for my heirs, estate executor administrator, assignees, and for all members of my family.

**Initial** \_\_\_\_\_

Assumption of Risk:

I, on my own behalf and on behalf of the student, acknowledge and agree that participation subjects the participant to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death), and that I acknowledge that the student is assuming the risk of such illness or injury by participating in Keshet classes, performances, or activities. Because of the dangers of participation, I recognize the importance of following the instruction regarding classes, performances, and other activities. I understand that it is my responsibility to obtain health and accident insurance.

**Initial** \_\_\_\_\_

Student Agreement:

I understand that Keshet aims to provide a safe, healthy, and inclusive environment for all students. I understand that Keshet provides opportunities for paroled and other at risk youth to participate in Keshet activities under the supervision of Keshet staff. I understand that Keshet 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 Keshet staff. I understand that Keshet reserves the right to cancel any classes for which there are five (5) or fewer students enrolled. I understand that Keshet will not allow students into any classes for which they are tardy by 15 minutes or more.

**Initial** \_\_\_\_\_

**I have read, understand, and agree to all information listed in Section E**

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Keshet does not discriminate on the basis of race, religion, sex, sexual preference, gender identity, gender expression, or national origin. Keshet has sole discretion regarding admittance and participation of individuals in classes, programs, and productions.**