

YOUTH STUDENT Information Agreement and Release Form

Section A: STUDENT INFORMATION							
Name: Pr		Preferred Name:		Phone:	e:		
Address - Street:			City/state:	Zi _l	o code:		
Email: Date of				Gender:			
Section B: PARENT/G	UARDIAN INFORMATION	*Write	ʻsame" for a	ny information same as	student in	nfo.	
Name:			Phone(s): _				
Address: Street:			City/state:_	Zip	code:		
Email: Dat		Date of Bir	rth: Gender:				
Section C: EMERGEN	CY, SAFETY and HEALTH IN	IFORMATION					
	nysical disabilities, restricti Sipation in classes, or be us			- ·	ical atten	tion,	
	n the event that we canno						
Name:	Re	lationship		Phone			
Is your student autho	rized to leave independen	tly? (walk, bus, ca	ar, etc?)	Yes / No			
-	iddition to parents/guardia				can he an	nended at	
					can be an	ienaea at	
Section D: Household	d Demographics and Comr	nunity Partner In	formation (OPTIONAL)			
	non-profit organization. Ple	ease help us repo	rt back to ou	r community partners b	y complet	ing the	
following information	1:						
Have you ever used serv	vices from Carrie Tingely Hospita	l? Yes	No	Employment	Parent 1	Parent 2	
Would you like to receive information from Carrie Tingley Hospital? Yes No			No '	Works outside of home PT			
How did you hear about	: Keshet?		'	Works outside of home FT			
Student Ethnicity:	Yearly Household Income:	Household S	izo:	Works at home			
African American	\$0 - \$11,770	Number of people		Does not work			
Asian	\$11,770 - \$14,999	household:	_	Employers			
Hispanic	\$15,000 - \$19,999	Parent Marital	Status	Education	Parent 1	Parent 2	
Latino	\$20,000 - \$24,999	Single – neve	<u>Status</u>	Some high school			
White	\$25,000 - \$29,999	Single – wido	i married	Completed high school			
Native American	\$30,000 - \$34,999	Divorced		Some college			
Multi-racial	\$35,000 - \$39,999	Married/Part	ners	Completed college			
Other	\$40,000 and above	Re-married/F	11	Graduate school and above			

Entered in: MB _____ Altru _

For Internal Use Only Accepted by: _



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.