



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): _____

Address: Street: _____ City/state: _____ Zip code: _____

Email: _____ Date of Birth: _____ Gender: _____

Employer: _____ Relationship to Student: _____

Parent/Guardian 2: Name: _____ Phone(s): _____

Address: Street: _____ City/state: _____ Zip code: _____

Email: _____ Date of Birth: _____ Gender: _____

Employer: _____ Relationship to Student: _____

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 our School and Community Engagement Director: Ana@keshetarts.org

<p>For Internal Use Only Updated 1.10.19 Accepted by: _____ Entered in: MB _____ Altru _____</p> <p>Please check all that apply:</p> <p>CS - Youth _____ KP3 _____ JUMP _____ Adaptive _____ KT2 _____ Scholarship _____</p>



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:

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