



# ADAPTIVE YOUTH – IAR (Information, Agreement, and Releases) Date: \_\_\_\_\_

## Section A: Student Information

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

Address-Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

How did you FIRST hear about Keshet? (Circle one)

- Friend - Family - Work Colleague - Flier/ brochure - Newspaper - Information booth at event
- Radio - Yelp - Social media - Internet search - Other

Where have you seen Keshet in the last 6 months? (Circle all that apply)

- Flier/ brochure - Newspaper - Information booth at event - Radio - Yelp - Social media - Internet search - Other

## Section B: Parent/Guardian Information *(write "same" for any information that is the same as student info above)*

**Parent/Guardian 1:** Name: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Address-Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer (No acronyms please): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Parent/Guardian 2:** Name: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Address-Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer (No acronyms please): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## Section C: Emergency, Safety and Health Information

Please let us know about **any physical or developmental disabilities, restrictions, conditions, illnesses, particularly learning styles or any other issues** 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? **Yes / No**. If yes, a medication release form is required to keep Keshet staff informed of any treatments a caregiver would be providing that could potentially affect a dancer's ability to participate in class etc. **Please note, Keshet staff DOES NOT disseminate medications to Adaptive Students.**

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

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

All Adaptive dancers must be signed out by a parent/guardian before leaving the building.

If there are restrictions regarding who CANNOT pick up your student, please list them below or contact our Community Education Director, ana@KeshetArts.org.

**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.**

## Section D: Household Demographics

While this section is not required, your answers help us report back to our funders more effectively, thank you!

<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 - \$12,490 <input type="checkbox"/> \$12,491 - \$16,910 <input type="checkbox"/> \$16,911 - \$21,330 <input type="checkbox"/> \$21,331 - \$25,750 <input type="checkbox"/> \$25,751 - \$29,600 <input type="checkbox"/> \$29,601 - \$36,800 <input type="checkbox"/> \$36,801 - \$42,050 <input type="checkbox"/> \$42,051 - \$47,300 <input type="checkbox"/> \$47,301 - \$52,550 <input type="checkbox"/> \$52,551 - and above	<u>Household Size:</u> Number of people in household: _____  <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	<table border="1"> <thead> <tr> <th>Employment</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> </tbody> </table> <table border="1"> <thead> <tr> <th>Education</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>	Employment	Parent 1	Parent 2	Works outside of home PT	_____	_____	Works outside of home FT	_____	_____	Works at home	_____	_____	Does not work	_____	_____	Education	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, Agreements – Please INITIAL after reading each paragraph

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, & 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, & 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, & 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 \_\_\_\_\_

### Admin use only, initial when complete / updated 12.5.2019

Accepted by: \_\_\_\_\_ Entered in: MB \_\_\_\_\_ Google Form/Altru \_\_\_\_\_

Please check ALL that apply: CS - Youth \_\_\_\_\_ CS - Adult \_\_\_\_\_ KP3 \_\_\_\_\_ JUMP \_\_\_\_\_ /  
 Adaptive \_\_\_\_\_ Camp \_\_\_\_\_ Scholarship \_\_\_\_\_ Workstudy \_\_\_\_\_