

# CORRALES ARTS CENTER STUDENT INFORMATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED TO THE TEACHER BEFORE THE CLASS BEGINS

*Please Print*

DATE: \_\_\_\_\_ Student Name: \_\_\_\_\_

Age: \_\_\_ M \_\_\_ F \_\_\_ Grade: \_\_\_ Student attends After school Care Program: YES: \_\_\_ NO: \_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

e mail: \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Other: \_\_\_\_\_

## Emergency Contact(s) and relation to student:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Who may pick up student: 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

If your child has a medical condition, allergy or special need, please note them on the back of this form or attach a separate sheet with a staple. This information will be kept in confidence.

## Medical Intervention Release: In the event I cannot be contacted:

I, parent/guardian of \_\_\_\_\_ (Student Name), hereby designate the person in charge of the class to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention and surgery as may be required in an emergency due to illness or injuries sustained while my child is participating in CAC classes. I hereby assume financial responsibility for hospitalization medical attention and surgery provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release:

I hereby give permission for \_\_\_\_\_ (Student Name) to be included in photographs, films or recordings for publicity and educational purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver/Release:

I, the undersigned, my family and my heirs waive and release any and all rights and claims for damage I may have now and in the future against the Corrales Arts Center, LLC, Corrales Elementary School, Albuquerque Public Schools, Village of Corrales, and all other sponsors, co-sponsors, agencies or individuals and their representatives, successors, officers and agents for any and all injuries, damages and losses sustained and suffered by me as a result of my, or my child's participating in any class, workshop, and/or presentation under the auspices of the Corrales Arts Center LLC. I have read the foregoing and certify my agreement by my signature and my parent/guardian's signature if under 18 years of age.

## Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**Non-Discrimination Statement:** Policy prohibits discrimination and harassment based on ethnic identity, religion, race, color, national origin, gender, sexual orientation, mental or physical ability, marital status and pregnancy in any program or activity.