



City Lights Youth Theatre
630 Ninth Avenue, Suite 1411
New York, NY 10036
(212) 262-0200 fax (212) 262-1888
www.citylightsnyc.org

The Origins Project 2009

Emergency - Consent Forms

Dear Parents/Guardians,

Every effort is made to make your child's experience at City Lights Youth Theatre a safe and pleasant one. To do this, we need you to help us by providing pertinent and recent information about your child. Enclosed are three important forms which should be completed and returned to City Lights **on or before the first day of class.**

- **Emergency Information Form**
- **Consent Form**
- **Permission Form**

In the best interest of your child, she/he will not be allowed to participate in any classes or production programs without our having this necessary safety information.

We ask **returning students** to fill out a new form each school year, so that we have the most up-to-date information about the student. If you have any questions, please call us at (212) 262-0200.

We look forward to welcoming you and your child to City Lights Youth Theatre this summer.

Sincerely,

The City Lights Staff

Melissa Fenton Herrod, Executive Director
Robert McIntosh, Artistic Director
Lauren Scialpi, Development Director
Tom Demenkoff, Education Director
Funmi Olosunde, Marketing Associate & Office Manager
Shaena Golden, Program Associate

EMERGENCY INFORMATION FORM

Please fill in all information. If not applicable, write N/A.

A. Student Information

Student's Name: _____

Address: _____ Home Phone: (____) _____

City _____ State _____ Zip _____

With whom does the child live? Mother Father Guardian: relationship? _____

Age: _____ Grade: _____

Please Check One (optional): African American Asian/Pacific Islander
 Caucasian Latino/a Other : _____

B. Parent/Guardian Information

Mother's Name: _____

Home Address: _____ Home phone: (____) _____

Business Phone: (____) _____ Mobile phone: (____) _____

Father's Name: _____

Home Address: _____ Home phone: (____) _____

Business Phone: (____) _____ Mobile phone: (____) _____

Guardian's Name: _____

Home Address: _____ Home Phone: (____) _____

Business Phone: (____) _____ Mobile phone: (____) _____

Please list two people we could contact in case of an emergency if none of the above are available:

1. Name: _____ Relationship: _____

Address: _____ Telephone: (____) _____

2. Name: _____ Relationship: _____

Address: _____ Telephone: (____) _____

C. Health History

Physician: _____ Telephone (____) _____

Name of Health Insurance Co.: _____ I.D. # _____

Date of last check-up: _____ - _____ - _____ Date of last TB test: _____ - _____ - _____
(Month) (Day) (Year) (Month) (Day) (Year)

Results of TB test?: _____

Please attach a copy of your most recent physical report to verify the above information.

Does your child have any allergies? No Yes If yes, to what? _____

Describe allergic reaction: _____

If reaction occurs in class, are there special instructions? _____

Does your child have any allergic reaction to medication? No Yes

If yes, please indicate: _____

Is your child taking any medication on a regular basis? No Yes

If yes, please indicate medication name: _____

Dosage: _____

Reason for taking: _____

If your child complains of a headache or cramps during class, do you give permission for two ibuprofen or acetaminophen to be administered? No Yes

Please describe any chronic health problems or behavior issues your child has or had (e.g. asthma, emotional problems, learning problems, etc.) _____

Please tell us any other information we should know about your child:

CONSENT FORM (PARENT/GUARDIAN SIGNATURE REQUIRED)

I, _____, hereby authorize my child
(Please print) Parent/Guardian first name last name

(Please print) Child's first name last name

born on _____ and who resides at
Month/ Day/ Year

Street address City State Zip

to participate in the City Lights Youth Theatre program, including theatre classes, rehearsals and performances. I further authorize the **making and use of any films or other recordings** of these activities for any purpose that City Lights may make or authorize to be made without compensation to my child or me.

I understand that my **child may be dismissed permanently** from class if she/he does not follow the rules set by the City Lights teaching artist (**please see Class Contract**), if a disciplinary problem arises, or if the City Lights teaching artist determines that my child cannot meet the demands of the program. I understand that my child will be under the supervision of City Lights staff and appointees. I understand that despite the responsible supervision which City Lights will make in this connection, **City Lights cannot guarantee against the possibility of an accident** involving my child. I hereby waive any claim that might be made against City Lights, its officers, employees and agents in connection with any injury my child may incur, other than claims resulting from the gross negligence of City Lights, its officers, employees or agents.

(STRIKE THE FOLLOWING SENTENCE IF YOU DO NOT AGREE TO THE AUTHORIZATION PROVIDED)

In the event that any serious injury should occur involving my child I wish City Lights to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, **I authorize whatever medical attention is deemed appropriate** for my child.

I affirm that I have the authority to sign this consent.

Date

Signature of parent or guardian

PRINT name of parent or guardian

VOLUNTEERING

City Lights Youth Theatre welcomes parent involvement.
Please check here if you are willing to volunteer.

PERMISSION FORM (PARENT/GUARDIAN SIGNATURE REQUIRED)

I understand that The Origins Project 2008 runs from Monday, July 7, to Saturday, August 9 and that my child will be required to attend all sessions, field trips, rehearsals and performances unless there are special circumstances approved in advance by City Lights.

Check one only:

My child **HAS** my permission to spend free time unsupervised.

My child **DOES NOT HAVE** my permission to spend free time unsupervised,

Check one only:

My child **MAY TRAVEL UNACCOMPANIED** to and from class and rehearsal.

My child **MAY NOT TRAVEL UNACCOMPANIED** to and from class and rehearsal. He or she may with me or the following person(s):

Name: _____

Relation to student: _____

Name: _____

Relation to student: _____

Name: _____

Relation to student: _____

Date

Signature of parent or guardian

PRINT name of parent or guardian