

NEIGHBORHOOD ART HOUSE FAMILY INFORMATION FORM
Summer 2017

Please print all information

Mother _____ Home Phone _____

Address _____ Zip Code _____

E-mail _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father _____ Home Phone _____

Address _____ Zip Code _____

E-mail _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Guardian _____ Home Phone _____

Address _____ Zip Code _____ Relationship _____

E-mail _____ Cell Phone _____

Place of Employment _____ Work Phone _____

*****Art, Photo, Web and Video Release Permission*****

My child has my permission to participate in art shows and to have artwork displayed or printed. **Yes** **No**

My child may be photographed for print and Art House web page, videotaped and audio tape recorded.

I understand that these materials would be used in public relations and/or in development programs for the Neighborhood Art House. **Yes** **No**

Children that will be attending the Neighborhood Art House are:

1. Child's Name _____ Race _____ Male/Female Age ___ by June 19, 2017

Birth Date _____ Child lives with: Mother _____ Father _____ Guardian _____

School Attending _____ Grade _____ Special Ed _____

2. Child's Name _____ Race _____ Male/Female Age ___ by June 19, 2017

Birth Date _____ Child lives with: Mother _____ Father _____ Guardian _____

School Attending _____ Grade _____ Special Ed _____

3. Child's Name _____ Race _____ Male/Female Age ___ by June 19, 2017

Birth Date _____ Child lives with: Mother _____ Father _____ Guardian _____

School Attending _____ Grade _____ Special Ed _____

4. Child's Name _____ Race _____ Male/Female Age ___ by June 19, 2017

Birth Date _____ Child lives with: Mother _____ Father _____ Guardian _____

School Attending _____ Grade _____ Special Ed _____

If you have more than one child with this information, please list on a separate sheet.

Children's Allergies or Food Restrictions _____

Any Physical Restrictions or Medical Particulars (Example: Daily Medications, etc.) _____

EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED:

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

****Parent/Guardian Signature** _____ **Date** _____

****Please fill out both sides****

THE NEIGHBORHOOD ART HOUSE PARTICIPATION AGREEMENT

I, the parent/legal guardian of the registrant, a minor, agree to my son's/daughter's participation in the Neighborhood Art House. It is understood that participation in such activities has an inherent risk of injury to the registrant. I, for myself, family members and the registrant, release and hold harmless the Neighborhood Art House, its employees and volunteers from any and all liability for injury to the registrant arising from participation in the Neighborhood Art House programs, and/or being transported to or from the same, which transportation I hereby authorize.

****Parent/Guardian Signature** _____ **Date** _____

I give my full consent to the Neighborhood Art House and any medical professionals to administer whatever emergency medical treatment is deemed necessary for my son/daughter in the event of an unforeseen injury or illness. I acknowledge that my son/daughter has no known allergies or medical conditions except as noted below (If none, state NONE):

INSURANCE

I confirm that the registrant is covered by a personal or family medical insurance including hospitalization:

Doctor's Name _____ Phone _____

Medical Insurer _____ Group _____ Policy # _____

Hospital Preference _____

****Parent/Guardian Signature** _____ **Date** _____

Parent/Guardian's Permission Regarding Emergency Medical Care

Student/s Name/s _____

I, the undersigned parent/legal guardian, do hereby grant permission to any licensed physician to perform or provide necessary emergency medical care or aid to my son/daughter (also known as registrant), (child name) _____, in connection with the Neighborhood Art House program. I am aware any and all costs associated with said care are my responsibility.

****Parent/Guardian Signature** _____ **Date** _____

Note: Does/Do the registrant/s have any mental or physical condition/s that might require special attention? Yes _____ No _____

If Yes, please explain: _____

*I, the undersigned parent/legal guardian, have read and understand all of the above.
Subject to the above, I agree to the registrant/s participation in Neighborhood Art House activities for the period from June 19, 2017 to September 12, 2017.*

****Parent/Guardian Signature** _____ **Date** _____

****Please fill out both sides****