

YOUTH ART STUDIOS RELEASE FORM

Please note: The Release Form **must be filled out** by the first day of class or we cannot accept the student in class. Only one release form per student is required, even if the student is enrolled in multiple classes.

STUDENT INFORMATION (PLEASE PRINT CLEARLY)				
Name	Age	DOB	School/School District	
Street Address (City, State, ZIP)			Gender	City Council District
Parent/Guardian	Daytime Phone		Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian	Daytime Phone		Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Emergency Contact	Relationship		Daytime Phone	
Parent/Guardian Military Affiliation:				
<input type="checkbox"/> Active Duty Military <input type="checkbox"/> Reserve or National Guard <input type="checkbox"/> Retired Military <input type="checkbox"/> Veteran <input type="checkbox"/> N/A				

PHOTO PERMISSION AND RELEASE

Southwest School of Art captures images of Youth Art Studios for its archive and for use in publicity materials.

I give permission to SSA staff and representatives to photograph my child for such purposes:

Yes **No**

DEMOGRAPHIC INFORMATION The following information is used for grants and funding which supports Youth Art Studios					
Is the child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
No matter what you selected above, please mark the appropriate selections below to indicate what you consider the child's race to be:					
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian/Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	Two or more
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Refuse/Decline

HEALTH INFORMATION	
Physician Name	Daytime Phone
Dentist Name	Daytime Phone

In order to ensure the highest quality instruction for your student(s) and their classmates, we ask to be informed of any health issues your student may have. Southwest School of Art does not and will not discriminate against any student based on gender, race, national origin, ethnic origin, sex, age, religion, disability or any other status protected under federal, state or local laws.

Does your student receive special services or accommodations in school? **Yes** **No**

Does your student have any current health problems? **Yes** **No**

<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Physically Handicapped
<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Seizure Disorder
<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Allergies
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Behavioral Problems
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Vision Problems

Please use the area below to include any additional information you think we need to know about your student (learning challenges, autism, allergies, etc):

I understand that if my child requires medical treatment while participating in Youth Art Studios, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including but not limited to: X-ray examinations, surgery and anesthesia. I understand that I am responsible for all costs and expenses for such medical treatment. Yes No

MEDICATION

I give permission for my child to take **PRESCRIPTION** medication ordered by my child's physician while at SSA. Yes No **If YES, please read and acknowledge statement below**

When your student's physician determines it is necessary to administer medication, the following procedures must be followed:

1. A parent/guardian or responsible adult designee will bring the medication to SSA
2. All medication must be in the original container clearly labeled with the student's name, the name and dose of medication, and directions for administration. Parents must provide all medications.
3. Only FDA approved pharmaceuticals manufactured in the United States will be administered. Homeopathic preparations will not be accepted.
4. Medications will not be sent home with students. All medication must be picked up by a parent/guardian or adult designee.

I agree to these conditions: Yes No **Signature (Parent/Guardian)** _____ **Date:** _____

**TEENS
(16 & above)**

Parents, note below if your teen has permission to sign themselves out at the end of class (16 & above ONLY) or if your teen is to remain on campus to be signed out by a parent or guardian.

My teen has permission to sign themselves out at the end of class. By releasing my teen, I understand they may leave the SSA campus and will release the SSA of liability for my student. Yes No N/A

GUARDIAN PICK-UP

I grant permission for my child to be picked up by the persons listed below

Name	Daytime Phone
Name	Daytime Phone
Name	Daytime Phone

I hereby release and hold harmless Southwest School of Art, any officer, agent, contractor or volunteer from any and all injuries incurred by my child in connection with my child's departure from the campus with a guardian. Agree

SUBMISSION

I release, acquit, and discharge, and agree to indemnify and hold harmless, Southwest School of Art, its officers, directors, agents, employees, and contracted employees, against any claim, loss, liability, injury, damage, and expense loss or to property, which participants may, directly or indirectly, sustain or suffer as a result of my child's participation in classes and use of Southwest School of Art grounds, equipment or gross negligence of Southwest School of Art. Agree

We have read and agree to uphold these guidelines for Youth Art Studios Agree

Signature (Parent/Guardian) _____ **Date** _____

Once this form is returned to registration, you will have successfully registered your student(s) for Youth Art Studios.

We look forward to having your student(s) on our campus!