



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## WAYNE YMCA PERFORMING ARTS STUDENT INFORMATION AND DISMISSAL FORM

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

### STUDENT INFORMATION:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Registered Classes: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Nighttime Phone #: \_\_\_\_\_

Parent's Email – **REQUIRED** – All communication is done via email:

\_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact-Name, Number and Relation: \_\_\_\_\_

Allergies-to Food and/or Medication: \_\_\_\_\_

Are there any custodial limitations? \_\_\_\_\_

(If yes, parent must attach a current copy of court documents)

### SIGNATURES REQUIRED:

I permit the Wayne YMCA to print or display any photographs of my child in YMCA publications, on the Wayne YMCA website, Facebook page and/or press releases.

**Parent/Guardian Signature:** \_\_\_\_\_

My child has no physical restrictions and/or limitations and may participate in all activities relating to the Performing Arts Program.

**Parent/Guardian Signature:** \_\_\_\_\_

If YES, please indicate and explain: \_\_\_\_\_

In case of a medical emergency, I authorize the Wayne YMCA to initiate emergency care in the event that I cannot be reached.

**Parent/Guardian Signature:** \_\_\_\_\_

**(PLEASE TURN PAGE FOR MORE INFORMATION)**

**HOLD HARMLESS:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my child permission to participate in the Performing Arts Program. I further acknowledge, and am aware, that these activities may involve inherent risks and that I assume, for my child, whatever risk of injury or loss which may occur, and I further certify that my child is in good physical condition. In consideration for accepting my child in the Performing Arts Program, I agree on behalf of my child to hold the Metro YMCAs of the Oranges and its agents and employees harmless against any loss or injury of any kind as a result of my child’s activities while participating in this program.

**Parent/Guardian Signature 1:** \_\_\_\_\_

**Parent/Guardian Signature 2:** \_\_\_\_\_

**AUTHORIZED PICK UPS:**

The primary person who will be picking up my child from any Wayne YMCA performing arts class or program is **(if your child is permitted to leave the rehearsal/studio themselves, please print their name below and initial next to their name):**

Please PRINT: \_\_\_\_\_

The following people are authorized to pick up my child after they have shown proper identification.

1: Name/Relation: \_\_\_\_\_

2: Name/Relation: \_\_\_\_\_

3: Name/Relation: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:**

I understand that YMCA activities have inherent risks and in consideration for use of the YMCAs facilities, I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property.

**I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

**Parent/Guardian Signature 1:** \_\_\_\_\_

**Parent/Guardian Signature 2:** \_\_\_\_\_