

Youth Arts Program

Medical/Liability Form

This Medical/Permission Form must accompany the registration form for **each child** who is applying. Your registration cannot be processed without this form.

Child's Information

Name of Child: _____
Full Name of Child – Please Print

Date of Birth: ____/____/____ Age ____ Gender: Male / Female (*circle one*)

In order for our staff to best serve your child please share information with us regarding any current physical or mental health issues. Please list problems or limitations (allergies, headaches, heart, respiratory, sinus, behavioral, back, etc.):

Current Medication(s) (if any):

Physician Information

Personal Physician: _____ Contact #: ____ - ____ - _____

Emergency Contact Information

In case of emergency notify:

Name: _____ Relationship: _____

Home Phone ____ - ____ - _____ Other Phone: ____ - ____ - _____

Person to be notified if above cannot be reached:

Name: _____ Relationship: _____

Home Phone ____ - ____ - _____ Other Phone: ____ - ____ - _____

Liability Clause

I agree that I will not hold the Bates Dance Festival, Bates College or any YAP instructors or staff liable for any injuries sustained, illnesses contracted, or loss of property incurred while my child/ren is a participant of the Youth Arts Program.

I, _____, do hereby confirm that the above information is complete.
Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date