

Child's name _____

What school does child attend? _____

Gilroy address _____

Please list any medical problems _____

In case of emergency,
who should be contacted? _____ Phone _____

Name of person who is authorized to pick up your child: _____

Parent/Guardian Names: _____

Home Telephone: _____ Cell or Work Telephone: _____

Parent/Guardian Email address _____

I certify that the participating child is in good physical and mental health and has no pre-existing medical conditions or health barriers to participation. I am aware that the Gilroy Arts Alliance and the facility, the Gilroy Center for the Arts, takes care but cannot protect your child from any unforeseen situation. With my signature, I release and hold harmless the Gilroy Arts Alliance and its board members, members and staff, the City of Gilroy and its representatives, officers, agents and employees, Limelight Actors Theater and its owners, and all other persons and entities associated with the Gilroy Arts Alliance from any and all injuries or damage from any claims or causes of action whatever for any loss or injury suffered by the participant and his/her friends and families. I grant full permission to use the above participant's photograph in videos, publications, motion pictures, recordings, or other records of events. I understand that reasonable care will be provided to the participant in the event of injury or illness during any Art activity; and authorize emergency medical care or transportation should it be needed.

I have read and fully understand the above statements, and certify that, as parent or guardian for the above child; all registration and release information provided is true.

Signature of Parent or Guardian

Date

PLEASE MAIL OR DROP OFF THIS FORM TO:

GILROY CENTER FOR THE ARTS, 7341 MONTEREY ST, GILROY CA 95020 ATTN: KEVIN HEATH

MAKE CHECKS PAYABLE TO GILROY ARTS ALLIANCE