



Thomas Armour Youth Ballet Summer 2017



Child's Last Name _____, First _____ Middle _____

Child's Date of Birth (mo/day/yr) _____ Child's Age _____ Child's Gender Male Female

Level _____

Child's Current School _____

Is your Child Proficient in English? Yes No

Other Language(s) Posted in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ City _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other

Child's Race (select only one) American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other Multiracial

Does Child Have Health Insurance? (ex., Private insurance, KidCare, Medicaid)? Yes No

(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Current Grade (2016-17) _____ Child's School _____

Child's Primary Caregiver (full name) _____

Primary Caregiver Email _____

Primary Phone _____

(You may be contacted by The Children's Trust to ask about your satisfaction with these services)

Emergency Contact Information

Name _____ Relation _____ Phone _____

I authorize TAYB to seek emergency medical treatment for my child in case of an accident or illness. ____ Yes
____ No I authorize TAYB to take/use still photographs, digital photographs, motion pictures, television
transmission, and/or videotaped recordings of student being registered for educational/PR/grant reporting
purposes. _____ (Initials)

How did you hear about us? ____ Print Ad ____ Word of Mouth ____ Social Media ____ Internet

Other Parent/Guardian signature: _____

Date _____ Authorized individuals for pick up _____

Name _____ Relation _____ Phone _____

(You may be contacted by The Children's Trust to ask about your satisfaction with these services)

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways your child communicates? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Speaks and is easily understood | <input type="checkbox"/> Uses communication devices like pictures or a board |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses gestures like pointing, pulling or blinking |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Uses sounds that are not words like grunting |

What, if any, help does your child receive at this time? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> Behavioral therapy or services |
| <input type="checkbox"/> Physical therapy (PT) | <input type="checkbox"/> Counseling for emotional concerns |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> None |

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Physical disability or impairment | <input type="checkbox"/> Developmental delay (only if under age 5) |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Problems with learning (if school-age) |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) |
| <input type="checkbox"/> Visual impairment or blind | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Speech or language condition | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> None of the above |

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____

Please tell us anything else you think it is important for us to know about your child

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED) ORGANIZATION _____

SITE _____ POPULATION MEMBERSHIP (check all that apply):

- Dep Syst Delin Syst SCH F P

THOMAS ARMOUR YOUTH BALLE, INC.

Release and Waiver of Liability

If participant is under 18 years of age

The undersigned is the parent or legal guardian of the child under the age of 18 named below (the "Participant"), who wishes to participate in the Thomas Armour Youth Ballet, Inc. dance program (the "Program"). In consideration of the Program allowing my child to participate, I hereby agree to indemnify Thomas Armour Youth Ballet, Inc., directors, officers, agents and employees and its owners, managers, promoters, lessees of premises used to conduct the Program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Program facility or events held at such facility and each of them, their directors, officers, agents, and employees (the "Releasees") and to hold them harmless from any claim or demand on account of injury to or damage suffered by my child as a result of his or her participation, whether on the Program premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to the Program and to pick up my child(ren) promptly upon the scheduled conclusion of dance class(es). If competing or performing in an offsite event or venue, I assume responsibility for transportation of myself and/or my child(ren) to and from those events and/or venues.

The Program operates a youth dance program and the Participant wishes to participate in the Program. In consideration of being permitted to participate in any way in the Program indicated above and/or being permitted to enter for any purpose any restricted area, I/WE agree as follows:

Name of Participant: _____

Address:

1. I/WE fully understand and acknowledge that:

- (a) There are risks and dangers associated with participation in Program events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
- (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- (c) These risks and dangers may be caused by the action, inaction or negligence of the Participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named above.
- (d) There may be other risks not known to us or are not reasonably foreseeable at his time.

2. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named above.

3. I/WE agree to take appropriate precautions for my own safety and that of others when participating in the Program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise a staff member of that unsafe condition(s) and will refuse to participate.

4. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Thomas Armour Youth Ballet, Inc., including its Releasees from any and all claims, demands, damages, actions, causes of action of any kind or nature whatsoever which may arise in the future any injury, including but not limited to the death of the participant or damage to the property, arising out of or relating to the event(s) caused or alleged to be caused in whole or in part by the negligence of the Program or otherwise.

5. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

6. On behalf of the Participant, the undersigned executes this Waiver and Release. If, despite this release, the Participant makes a claim against any of the Releasees, the undersigned will reimburse the Releasees for any money which they have paid to the Participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Parent/Guardian

Signature

Date

Print Name