

Christian Youth Theater
2010 -2011 Medical Release Form

Please fill out all spaces or form will not be accepted. Please denote all things that are not applicable.

For Office Use Only
Session _____
Area _____
Location _____
Class _____

Student _____
Home Phone _____
Parents _____
Home Phone _____ Cell _____
Emergency Contact _____ Insurance Company _____
Emergency Contact Phone _____ Insurance Policy/Plan _____
Primary Care Physician _____ Physician Phone _____
Dentist _____ Dentist Phone _____
Orthodontist _____ Orthodontist Phone _____

Allergies _____
Medical Conditions _____
Special Needs _____

The undersigned, the parent or legal guardian of the above-named minor, grants permission for the above-named minor to participate in classes, camps and other activities provided or sponsored by CYT Kansas City, Inc. ("the CYT activities"). The undersigned understands and acknowledges that the above-named minor may suffer injury, sickness or other physical harm from participating in such activities. The undersigned further understands that the undersigned is responsible for all costs and charges for medical treatment that may result from such injury or sickness, or other damages that otherwise result, relate to or arise from participation in the CYT activities.

The undersigned further understands and acknowledges that CYT Kansas City, Inc. will not allow the undersigned or the above-named minor or immediate relatives thereof to participate in the CYT activities without releasing and holding CYT Kansas City, Inc. harmless. The undersigned requests that CYT Kansas City, Inc. allow above-named minor to participate in the CYT activities, and in consideration thereof, agrees to release CYT Kansas City Inc. from all actions, causes of action or claims for damage of any kind growing out of or relating to any of the CYT activities in which the undersigned or above-named minor or their immediate families participate. The undersigned acknowledges that this is a full and complete release of all injuries, sicknesses and damages that the undersigned or above-named minor or their immediate families may sustain or incur as a result of participation in the CYT activities.

The undersigned gives permission to CYT to use any and all photographic portraits or pictures, television spots, movie films, video tapes, web sites and/or sound recordings, or any part thereof, taken or created during the CYT activities which may include the undersigned or above-named minor or their immediate families in promotional materials.

Signed _____ Signed _____
Parent/Guardian **Date** **Witness** **Date**

CYT Behavior Contract

I have read and agree to follow the guidelines stated in the CYT Behavior Contract. I have read and understand the consequences of failing to follow them. I am aware that CYT strives to keep students and others safe and free from harm when reasonably possible, but that CYT cannot guarantee any person's safety, or that students will comply with these guidelines at all times.

Signed _____ Date _____
Student's Name

Signed _____ Date _____
Parent's Name