



Kids On Stage Release Forms

DO NOT SUBMIT THESE FORMS EARLY.

Please complete these forms and turn them in at the beginning of the first day of class. Sorry, we cannot accept forms early. Students whose forms are not received on the first day of class will not be able to participate.

Summer camp students will need to attach an immunization record, a copy of which should be requested from your pediatrician in a timely manner.

Make sure you have read the Kids On Stage General Info and Policies before signing.



Student's Name: _____

RELEASE FORM

*Please fill out a separate form for each student. Keep a copy for your records.
You must turn in this completed form on the first day of class. (Sorry, we cannot accept forms early.)
Your student may not attend class until the Director has received your forms.*

LIABILITY RELEASE AGREEMENT

By signing below, I, (Parent) _____, on behalf of (Child) _____, a minor, hereby release Main Street Theater, a Texas non-profit corporation, and Main Street Theater's directors, agents, employees, subsidiaries, successors, and owners, and any other people officially connected with this program (the "released parties") from any and all liability for damage to or loss of personal property, illness, or personal injury including but not limited to death, occurring during the Kids On Stage Program ("KOS"). I understand that by signing below, I am releasing any and all causes of action that I or the above-named student, or our heirs, executors or assigns have had, have, or may have involving the released parties. I acknowledge that Main Street Theater cannot dispense, monitor, or maintain medication, and I specifically release the released parties from any and all liability resulting from action taken in the event of a medical emergency. I recognize that it is my responsibility to disclose to the Director of KOS any condition, including but not limited to illness, injury, chronic condition, disability or special need that may influence the above-named student's participation in KOS. I further authorize the use or disclosure of personally identifiable health information for the above-named student should emergency treatment for illness or injury become necessary. I understand that the participation in KOS is entirely voluntary and that the above-named student may be removed from KOS at the sole discretion of the Director of KOS in accordance with KOS policies. I understand that Main Street Theater is required by law to report suspected child abuse, and that any and all information I supply to Main Street Theater in any form may be passed on to the proper governmental authorities if child abuse is suspected.

MEDIA RELEASE

I, the undersigned, give my consent and permission to allow the above-named student to be photographed, videotaped, interviewed, or otherwise recorded and to allow his/her name, age, school, ZIP code, likeness, voice, words, and/or appearance to be used in connection with future brochures, press releases, websites, publicity, advertising, promotional and/or commercial materials without reservation or limitation.

TRANSPORTATION AUTHORIZATION

PARENTS/GUARDIANS (OTHER THAN THE PARENT/GUARDIAN SIGNING THIS FORM) MUST BE LISTED BELOW TO BE CONSIDERED AUTHORIZED. I hereby give my permission for the above-named student to be released to the following person(s):

- Name: _____ Relationship to Student: _____ Tel #: _____
- Name: _____ Relationship to Student: _____ Tel #: _____
- Name: _____ Relationship to Student: _____ Tel #: _____

In signing this agreement I release the released parties from liability once the above-named student is picked up by an authorized adult whom I designate. I understand that changes or additions to this list must be made in writing.

PARENT ACKNOWLEDGEMENT

This is to acknowledge that I, (Parent/Guardian) _____, am the parent or legal guardian of the above-named student, a minor, and that I am eighteen years of age or older. I acknowledge that I have fully read and understood the information contained in the Main Street Theater – Kids On Stage Program **Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies** and am responsible for compliance with the policies therein. I am signing this release on behalf of all parents or legal guardians of the above-named student now or in the future. **Furthermore, I assume sole responsibility for informing my child and other adults involved in my child's care of the contents of the Liability Release Agreement, Media Release, Transportation Authorization, and General Information and Policies.**

Parent's/Guardian's Signature _____ Name _____ Date _____



Student's Name: _____

CONTACT FORM

*Please fill out a separate form for each student. Keep a copy for your records.
You must turn in this completed form on the first day of class. (Sorry, we cannot accept forms early.)
Your student may not attend class until the Director has received your forms.*

Parent/Guardian contact information as listed below will be available to the student's teachers. Emergency contact information will remain in the possession of the Director of KOS.

ANYONE AUTHORIZED TO PICK UP YOUR STUDENT SHOULD BE LISTED ON THE FIRST PAGE OF THIS PACKET UNDER "TRANSPORTATION AUTHORIZATION."

Parent/Guardian 1

Name _____
Telephone Number During Class Hours _____
Home telephone number _____
Cell phone _____
Other phone _____
Email _____

Parent/Guardian 2

Name _____
Telephone Number During Class Hours _____
Home telephone number _____
Cell phone _____
Other phone _____
Email _____

Other Parent/Guardian

Name _____
Telephone Number During Camp Hours _____
Home telephone number _____
Cell phone _____
Other phone _____
Email _____



Student's Name: _____

EMERGENCY CONTACT AND MEDICAL FORM

*Please fill out a separate form for each student. Keep a copy for your records.
You must turn in this completed form on the first day of class. (Sorry, we cannot accept forms early.)
Your student may not attend class until the Director has received your forms.*

Emergency Contact (Not a person already listed)

Name _____

Relationship to Student _____

Telephone Number During Class Hours _____

Home telephone number _____

Cell phone _____

Other phone _____

Physician

- In case of a medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize you to contact the physician of the above-named student.
- I waive the right to list contact information for a physician.

Physician's Name _____

Telephone Number _____

Insurance

- In case of a medical emergency, when parents/guardians and emergency contact above cannot be reached, I authorize you to use the insurance information below.
- I waive the right to list my insurance information.

Name of Primary Policyholder _____

Insurance Company _____

Group number _____

Policy number _____

Preferred hospital _____

Medical Information

Please list below any allergies, illnesses, injuries, or medical conditions that may influence this student's participation in our program. **If your child has a food allergy, please attach a written Allergy Action Plan detailing allergens, symptoms of a reaction, and steps to be taken in case of a reaction; and provide the Director with the necessary medications (such as Benadryl tabs, an Epi-Pen or Emergency Response Kit).** Main Street Theater cannot dispense, monitor, or maintain medication for any student EXCEPT in the event of an allergic reaction for which we have received an Allergy Action Plan and the necessary medication. In the liability release, you have specifically released us from liability resulting from actions taken in the case of a medical emergency.