



Main Street Arts, 35 Main St., Saxtons River, VT 05154
mainstreetarts.org 802-869-2960 info@mainstreetarts.org

Youth Information & Permission Form

Youth Information

Youth's name _____ Age _____ Gender _____ D.O.B. _____

Medical Information

Known Allergies

Food Restrictions/Considerations

Medical Alerts

Doctor and Contact Phone Number

Dentist and Contact Phone Number

Any other information you would like to share about your child (nick-name, other)

Parent/Guardian Information

Parents'/guardians' names _____

Mailing address _____

Emails _____

Phones _____

Emergency Contacts

1st Emergency contact: name, relationship and # _____

2nd Emergency contact: name, relationship and # _____

Photo and Quote Release

I hereby grant to Main Street Arts (MSA), and its assignees and licensees the right to quote, photograph, audio tape, and/or videotape me as part of an event, and the right to use such quotes, photographs, and moving images, including reproductions or likenesses based thereon, in any manner and in any and all media, all as MSA or its assignees or licensees may from time to time determine. I hereby irrevocably waive and release to MSA and its assignees and licensees all rights, including but not limited to the right of copyright, which I may have in or to all such photographs and moving images, and consent the use thereof without limitation by TNM and its assignees or licenses.

Signature of Parent/Guardian _____ Date _____

Permissions

Please check all that apply: (if an item is not checked, please give further explanation below)

_____ I give my permission for my child to participate in all organized class/camp activities

_____ I give my permission for my child to go on supervised walking field trips in the Village of Saxtons River

_____ I hereby authorize MSA staff and medical personnel to take emergency measures as needed to safeguard the participants health and wellbeing. By signing this statement, I affirm that I am legally authorized to do so.

Signature _____ Date _____