



BYC 2019 Summer Arts Intensive Registration Form

Student Information

Name: _____ D.O.B.: _____
Address: _____ City: _____
State: _____ Zip Code: _____

School Attending This Year _____ Grade: _____
School Attending Next Year: _____ Grade: _____

Student's Cell Phone: _____ Student's Email: _____

Parent Information

Name: _____
Relationship to Student: _____
Address (if different from Student): _____
City: _____ State: _____ Zip Code: _____

Parent's Cell Phone: _____ Student's Email: _____
Parent's Work Phone: _____ Parent's Home Phone: _____
Best way to contact you: _____

Emergency Contacts

Name: _____
Relationship to Student: _____
Phone Number: _____

Name: _____
Relationship to Student: _____
Phone Number: _____

Please list any physical injuries or chronic health problems (ex. Asthma, Knee Injuries, Food Allergies, etc.):

Please list any medications your child may need to take during workshops (ex. Asthma inhalers, Allergy medication, etc.):

How will your child be traveling To/From Brooklyn Youth Company

- I will be dropping off and picking up my child each day. _____
- The following person(s) have permission to drop off and pick up my child each day. _____
Name: _____ Phone: _____
Name: _____ Phone: _____
- My child has permission to come and leave BYC on their own. _____
My child will be taking the subway. _____ Which train(s)? _____
My child will be taking the bus. _____ Which line(s)? _____
My child will be walking. _____

Brooklyn Youth Company 2019 Summer Arts Intensive

Release Form

Brooklyn Youth Company is dedicated to providing an educational and entertaining experience for your child. Brooklyn Youth Company maintains constant adult supervision for all activities.

Student Name: _____

By enrolling in the program, I _____
(parent/legal guardian) grant Brooklyn Youth Company permission to:

- engage my child in the physical activities and warm-ups related to theatre arts
- take photographs and video/audio recordings of my child and use them in connection with the promotion or publicity of Brooklyn Youth Company

I agree that neither Brooklyn Youth Company, nor any of its employees, interns, independent contractors, and/or directors will be held liable for any injury which may occur to my child while attending Brooklyn Youth Company. This includes, but is not limited to, any activities in which he/she may participate including acting, dancing, physical movement and games, stage craft and warm-up exercises. I hereby release Brooklyn Youth Company and their respective employees, interns, independent contractors and/or directors from any and all legal or financial claims.

I, the undersigned, am aware and agree that once my child leaves, Brooklyn Youth Company is no longer responsible for his/her whereabouts, actions or welfare.

Parent/Legal Guardian (print): _____

Date: _____

Parent/Legal Guardian (signature): _____

Date: _____