

City Arts Information Sheet

Participant's Name: _____ Date of Birth: _____

Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contacts:

Contact Name: _____

Contact Phone Numbers: _____

Contact Name: _____

Contact Phone Numbers: _____

_____ Yes, Amazement Square has my permission to photograph myself and/or my child for promotional, archival and grant related purposes.

_____ No, I do not consent to photographs

Medical Information

Allergies (food, medicine, sunscreen, insect bites and any other allergies): _____

Medical Conditions (include seizures): _____

Medical Insurance: _____

I authorize medical treatment for _____ in the event that it is necessary.

Signature _____ Date: _____

I acknowledge that I will be actively participating in a program at Amazement Square. I agree to not hold Amazement Square and its board of directors, responsible for any accidents or injuries that may occur to myself and/or my child during this program.

Signature _____ Date: _____

I am available to volunteer for CityArts on the following days:

Monday Tuesday Wednesday Thursday Friday Saturday

Morning (9:00 am – 12:00 pm) Afternoon (2:00 pm – 5:00 pm)

How did you hear about CityArts? _____