

CONTACT INFORMATION | WAIVERS | NOTIFICATIONS for Averitt Center for the Arts

Please complete the front and back of this sheet.

CLASSES

Please enroll my child into the following courses: _____

CONTACT INFORMATION

Student Name: _____ Nickname: _____

Age: _____ Birthdate: _____ Sex: _____ Current Grade: _____ School: _____

Mother or Female Guardian Name: _____

Father or Male Guardian Name: _____

Mother or Female Guardian Address: _____ City, State, Zip: _____

Father or Male Guardian Address: _____ City, State, Zip: _____

Living Arrangements of Child

_____ live with Mother or Female Guardian _____ live with Father or Male Guardian _____ live with both

Mother or Female Guardian Tele: Home: (912) _____ Cell: (912) _____ Work: (912) _____

Father or Male Guardian Tele: Home: (912) _____ Cell: (912) _____ Work: (912) _____

Circle the telephone number above we should use in case of an emergency.

Mother or Female Guardian Email: _____

Father or Male Guardian Email: _____

Mother or Female Guardian Place of Employment: _____

Father or Male Guardian Place of Employment: _____

EMERGENCY & MEDICAL INFORMATION

In addition to the family and emergency contacts listed above, please list the name(s) of anyone else that may bring or pick up your child. Please explain to the people listed here that we will require picture identification for them to pick up your child.

Name: _____ Relationship to Student: _____ Tele: (912) _____

Name: _____ Relationship to Student: _____ Tele: (912) _____

Child's Physician's Name: _____

Please make us aware of any medical conditions your child has: ___ asthma ___ diabetes ___ seizures ___ other: _____

My child has the following allergies:

_____ and the level of this allergy is: ___ extreme ___ severe ___ high ___ medium ___ low

_____ and the level of this allergy is: ___ extreme ___ severe ___ high ___ medium ___ low (attach additional pages if necessary)

We do not keep or dispense medicine.

_____ Yes, my child carries _____ medication with them at all times. _____ My child does not carry personal medication.

Here please list any special assistance your child might need: _____

Select One:

___ My child is healthy and fully capable of participating in physical activity courses.

___ My child can participate in physical activity courses and please be aware that they have the following medical conditions not listed above:

WAIVERS

EMERGENCY CONSENT

As the parent/legal guardian of the above named child, I hereby give consent for all emergency, medical or dental care prescribed by a duly licensed physician (MD), osteopath (DO), or dentist (DDS). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I also give permission for an ambulance to be called to assist my child and/or transport them to the closest hospital.

Parent's Signature: _____ Date: _____

LIABILITY WAIVER

I hereby release and discharge to hold harmless the Statesboro Arts Council, the City of Statesboro, and the Bulloch County Board of Commissioners, and all their officers, members, agents, employees, volunteers, and contractors from any lawsuit, claim, or liability arising out of my child's participation in any and all programs at the Averitt Center for the Arts, Emma Kelly Theater and/or Ballet Studio. I further agree that I will keep the Averitt Center promptly informed of any changes to the information provided by me on this form.

Parent's Signature: _____ Date: _____

PHOTOGRAPH & VIDEO RELEASE

I hereby grant permission to the right of my child's image, likeness, and some of my child's voice as recorded on audio or video tape without payment or any other consideration to the Averitt Center for the Arts. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against the Averitt Center for the arts or its agent for utilizing this material.

Parent's Signature: _____ Date: _____

FIELD TRIPS TO OTHER AVERITT CENTER BUILDINGS

From time to time our instructors like to take their students on walking field trips to the other Averitt Center buildings. This includes the Roxie Remley Center for Fine Arts located at 31 East Vine Street and the West Main Facility located at 41 West Main Street. When doing so, adequate staff will lead the children from place to place.

Parent's Signature: _____ Date: _____

COVID-19 CHILD LIABILITY WAIVER

I, the undersigned, being aware of my own child's health and physical condition, and having knowledge that his/her participation may be injurious to his/her health, am voluntarily allowing him/her to participate in this camp, class, lesson, rehearsal, performance, or other. Having such knowledge, I hereby acknowledge this as a release for accidental illness which he/she may incur as a result of participating in the said activity. I hereby assume all risks connected and associated with said activity and consent to his/her participation in said program.

Parent's Signature: _____ Date: _____

NOTIFICATIONS

HANDBOOK CONFIRMATION

By signing below I confirm that I did receive a parent handbook.

Parent's Signature: _____ Date: _____

EXEMPTION NOTIFICATION

I understand that Art @ the Averitt is not licensed with Bright from the Start*. Bright from the Start is the department from the State of Georgia's Department of Early Care and Learning responsible for meeting the child care and early education needs of Georgia's children and their families. If you have questions or would like more information about Bright from the Start they can be reached by telephone by dialing 1-404-656-5957 or toll-free at 1-888-442-7735.

Parent's Signature: _____ Date: _____