



# Green Mountain Performing Arts

## Family/Student Contact Information 2020-2021

Please complete the following documents and bring to the first day of class. Students are not permitted to attend class until we have received this form.

Student's Name	DOB	Grade
1.		
2.		
3.		

Family Contact Name	Phone 1	Phone 2
<i>Parent/Guardian 1</i>		
<i>Parent/Guardian 2</i>		
<i>Additional Guardian (if needed)</i>		
<i>Additional Guardian(if needed)</i>		

Emergency Contact/ Transport Permission	Phone 1	Phone 2
<i>If there is an emergency, we will contact those who are listed above in the "Family Contact" section order. In the event that we can't reach any of the family contacts, please list 2-3 people who you would feel comfortable with us being in contact with. Anyone on this list also has permission to drop off or pick up your child in the event of sickness.</i>		



# Green Mountain Performing Arts

## Family/Student Contact Information 2020-2021

### Policies, Procedures & Safety- Please read carefully.

It is particularly important this season that you have read all of the policy and safety information that is being provided. Thanks for helping us out!

Please confirm that you have read and agree to the following policies and procedures available on our website by INITIALING next to each one.

\_\_\_ Pick Up/Drop Off Procedures

\_\_\_ Health Screening/Protocol

\_\_\_ Dress Code

\_\_\_ Tuition Policies

### **PHOTO/VIDEO RELEASE**

Green Mountain Performing Arts reserves the right to use any testimonial, name, picture, image or likeness thereof in promotional material including but not limited to newspaper articles, brochures, posters, and the school's website page. Please email Co-Directors Jenna Companion and Katie Decker at [gmpavt@gmail.com](mailto:gmpavt@gmail.com) if you do not approve of this.

### **MEDICAL INFORMATION**

Are there any allergies, health conditions or disabilities that we should be aware of? Are there any conditions that may restrict the participant from participating in normal dance related activities? If yes, please include special instructions:



# Green Mountain Performing Arts

## Family/Student Contact Information 2020-2021

WAIVER/RELEASE- PLEASE COMPLETE ONE PER STUDENT.

### STUDENT ONE

In consideration of the opportunity to participate in activities at Green Mountain Performing Arts (37 Commercial Drive, Waterbury) or at any of its off-site locations, I individually or, as a Parent/Guardian on behalf of a minor, do hereby waive, release, and discharge any and all rights, demands and claims for damages that I may have against Green Mountain Performing Arts, its officers, directors, employees or subcontractors, for all injuries and losses related to activities at Green Mountain Performing Arts. This includes walking to and from Green Mountain Performing Arts and also includes participation in any offsite activities and/or performances. I attest that I have full knowledge of the risks involved with training in the arts and particularly dance. I assume all responsibility for my own or my child's medical and emergency expenses in the event of an accident, illness, or other incapacity

Participants Name:	Participants DOB:
Parent Signature:	Date:

### STUDENT TWO (if applicable)

In consideration of the opportunity to participate in activities at Green Mountain Performing Arts (37 Commercial Drive, Waterbury) or at any of its off-site locations, I individually or, as a Parent/Guardian on behalf of a minor, do hereby waive, release, and discharge any and all rights, demands and claims for damages that I may have against Green Mountain Performing Arts, its officers, directors, employees or subcontractors, for all injuries and losses related to activities at Green Mountain Performing Arts. This includes walking to and from Green Mountain Performing Arts and also includes participation in any offsite activities and/or performances. I attest that I have full knowledge of the risks involved with training in the arts and particularly dance. I assume all responsibility for my own or my child's medical and emergency expenses in the event of an accident, illness, or other incapacity

Participants Name:	Participants DOB:
Parent Signature:	Date: