



EMERGENCY CONTACT INFORMATION

Name of Student _____
(Last) (First) (Middle Initial)

CPS Student ID# _____ Date of Birth ____/____/____ Gender _____

Address _____
(Street Address) (City) (Zip Code)

Student Phone # (____) _____ Student Email _____

Primary Guardian _____ Secondary Guardian _____
(Print) (Print)

Primary Phone # (____) _____ Primary Phone # (____) _____

Work Phone # (____) _____ Work Phone # (____) _____

E-mail _____ E-mail _____

I will not hold the district/school/teacher responsible in case of accident or injury, whether it be enroute to or from an activity, during practice/rehearsal or in participation of an event or contest. I fully understand that injuries can occur during preparation (rehearsal) and performance of the performing arts curriculum. If I cannot be reached in the event of an emergency, I give my consent and authorize a physician or hospital such medical care as is reasonably necessary for the welfare of the student. I understand that I am responsible for all debts incurred during such treatment.

Parent/Guardian Signature _____

Relevant Medical Information (allergy, asthma, diabetes, etc.) _____

HANDBOOK AGREEMENT AND MEDIA RELEASE

I have read the contents of the Battle High School Vocal Arts handbook and agree to all the material therein. I understand that all the expectations and consequences legitimately apply to me. I will always give an honest effort to support the department via my energy and my attendance at rehearsals and Vocal Arts Events.

I agree that all uses of my student's name, voice, likeness, portraits, photographs, films, video, audio, writings and reproductions become the property of the school district to be used for educational, instructional, or promotional purposes in media formats now or in the future. Use of materials is determined by the directors of the program.

Student Name (print) _____ Student Signature _____

Parent/Guardian Name (print) _____ Signature _____