

You will need 2 copies of this form if you plan to Audition.

Bring one copy to your first class day. Bring one copy to Auditions.

You will NOT BE ALLOWED TO ATTEND CLASS or to AUDITION without this completed and signed form

MEDICAL/PHOTO RELEASE FORM AND INFORMATION

Minor Release Form

If you or your child is involved in a Christian Youth Theater class or production, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for my child(ren) _____ ID# _____
Child's Birthdate(s) _____ to participate in the (circle one) Fall / Winter / Spring 201____
CYT classes and productions. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold CCT/CYT, and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that CCT/CYT shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part.

Father/Guardian Name (Please PRINT) _____

Father/Guardian Signature _____ Date _____

Mother/Guardian Name (Please PRINT) _____

Mother/Guardian Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency Contact Name and Phone _____

Insurance Company, Policy # and Phone: _____

Medical Information (*allergies, medications, etc.): _____

Adult in charge may give my child Tylenol: Yes No

CYT Behavior Contract

I know that participating in CYT is a privilege; I _____ will:
(Name)

Initial Here

_____ Respect Area Coordinators, teachers, Artistic Team members, parents, other students, and facility representatives at all times.

_____ Use honoring language and actions; I will not gossip, name-call, use profanity or inappropriate words or actions.

_____ Treat property and equipment of the facility with care.

_____ Dress modestly and appropriately; I will not wear clothing that will be distracting.

_____ Be pure in my relationship choices and actions; I will avoid the use of drugs, alcohol, cigarettes, and overt physical contact with others.

_____ Attend EVERY CYT class and Showcase unless given permission by the Area Coordinator to be absent.

_____ Stay onsite in CYT designated areas at all times.

I understand that behavior will be documented and may affect future CYT participation _____ (Initial)

Student Signed: _____ Date: _____

Parent Signed: _____ Date: _____