

# BAY AREA CREATIVE KIDS

## Participant Registration and Liability Form

### PARTICIPANT INFORMATION

Participant #1 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Attends CDU \_\_\_\_\_

Participant #2 1 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Attends CDU \_\_\_\_\_

Participant #2 1 Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Attends CDU \_\_\_\_\_

Where did you hear about BACK? \_\_\_\_\_

### PARENT/GUARDIAN 1

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Cel phone \_\_\_\_\_ Home/Wk Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/GUARDIAN 2

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Cel phone \_\_\_\_\_ Home/Wk Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### OTHERS AUTHORIZED TO PICK-UP (in addition to above)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### PROGRAM REGISTRATION

Please circle the program(s) for which you'd like to register and indicate Session number (where applicable).

#### After School Classes (please indicate program/location):

Program:  TK/K Drama Time     1<sup>st</sup>-2<sup>nd</sup> Reader's Theater     1<sup>st</sup>-2<sup>nd</sup> Drama Club     3<sup>rd</sup>-5<sup>th</sup> Improv Team  
School: Matthew Turner Elem. \_\_\_\_ Joe Henderson Elem. \_\_\_\_ Mary Farmar Elem. \_\_\_\_ Other \_\_\_\_\_

#### Community Center Classes (payment and registration through the Benicia Community Center):

Program:  Preschool Drama Time

#### Summer Camps 2019 (please indicate camps):

Camp Name:  Superheroes and Sidekicks     Reader's Theater     Fairy Tale Theater     Comedy Hour

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT:

Payment must be received to reserve a space in class. Reservations and payment can be made in our Shop or Registration page or via check or money order (payable to Jennifer Sundberg). Return completed registration via email or mail to Bay Area Creative Kids, 467 Brentwood Dr., Benicia, CA 94510, or to your school office. **Registration and Liability form must be returned prior to the first day of class in order for your child to participate.**

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY**

**EMERGENCY INFORMATION**

Participant Name \_\_\_\_\_

Primary Physician’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Preferred Hospital (if any): \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Cel Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cel Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**EMERGENCY Contact (other than Parent/Guardian):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Please specify any medical conditions, including severe allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY**

In the event of a medical emergency, including accident or sudden illness, I, the undersigned parent or legal guardian of the participant named on this form (“Child”) hereby give permission to Bay Area Creative Kids personnel to seek medical treatment for my Child from the closest appropriate medical practitioner or hospital available, and to arrange necessary related medical transportation. Should medical attention be required to care for my Child beyond that provided by the program staff, I agree to pay any and all expenses incurred. I understand that all reasonable efforts will be made to contact me or the listed emergency contacts in the case that medical attention will become necessary. I hereby release Bay Area Creative Kids, including all owners, employees, volunteers, officers and trustees from all liability and will not hold them responsible for injury incurred to the above registered Child. I hereby give my approval for my Child’s participation in this activity.

**PROGRAM POLICIES**

- The information I have provided is correct to the best of my knowledge, and the Child herein described has permission to engage in all program activities except as noted on this form.
- Class, rehearsal, or production photos and videos may be used for publicity purposes. If you have any concerns, please contact Jennifer Sundberg at bayareacreativekids@gmail.com.
- Sign In/Out: Students can sign themselves in to after school classes. All parents/guardians are required to sign their child/children out of class. This is mandatory for your child’s safety.
- Class cancellation/rescheduling: Bay Area Creative Kids reserves the right to cancel or reschedule classes as needed. If a class is cancelled, the students will be notified by mail or phone and be given the opportunity to register for another class, attend a make-up class, or request a refund for the class date(s) missed.

I, the undersigned, have read, understood, and agree to the AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND RELEASE OF LIABILITY and POLICIES information listed on this form.

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return completed registration and payment to Bay Area Creative Kids, 467 Brentwood Dr., Benicia, CA.*

QUESTIONS? [www.bayareacreativekids.com](http://www.bayareacreativekids.com) • 707-980-5279 • [bayareacreativekids@gmail.com](mailto:bayareacreativekids@gmail.com)