

Adam Swartz Puppets: Page to Stage Class Registration & Release Form Fall 2019

September 21-November 23, 2019
At the Performing Arts School of Central Pa

Child Name: _____ Age: _____ Grade in 2019-20 school year: _____

Additional Child Name: _____ Age: _____ Grade in 2019-20 school year: _____

Parent/Guardian Name(s): _____ / _____

Preferred Phone: _____ Alternate Phone: _____

Preferred Email(s): _____

Child Mailing Address:

During class, we will take photographs for a slideshow to be shown in class only. We also may create video projects during class. These photos and videos may also be used by Adam Swartz Puppets for printed or online promotional material.

Class participants will never be identified by full name in photos or videos. Please circle your preferences:

I give Adam Swartz Puppets my permission to photograph my child for the class slideshow.

YES or NO

I give Adam Swartz Puppets my permission to use these photographs for other materials.

YES or NO

I give Adam Swartz Puppets my permission to use class videos for other materials.

YES or NO

I permit my child, _____ (first and last name) to participate in Page to Stage class on the above dates. I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment. I agree to release, hold harmless and indemnify Adam Swartz Puppets and its agents, representatives and employees, from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by said agents, representatives, or employees.

List anyone else with permission to pick up your child:

List any medical or physical conditions, including allergies, teachers should be aware of:

Medication: _____ Dosage: _____

Prescribing/treating physician name: _____ Phone: _____

Other special
needs/comments: _____

Parent/Guardian Signature: _____ Date: _____