

Consent Form

The following is a legal document. Please read it carefully and acknowledge that **by signing you are giving up the right to sue CREATE a Beat!** its officers, agents, employees, Board of Directors, volunteers, participants and all other persons or entities acting on their behalf (hereinafter collectively referred to as 'CAB!').

AUTHORIZATION AND MEDICAL, DENTAL HOSPITAL CONSENT

In permitting my child _____ (print participant's name), who was born on _____ (date of birth) to attend the After School Arts Program, operated by CAB! I, the undersigned, permit my child to participate in the full range of program activities. I authorize CAB! Director or her appointee in the event of an accident or illness affecting the above named participant to authorize on my behalf all procedures necessary therein, as she may deem essential for the care and well-being of said participant. In the event I cannot be reached, I hereby give permission to a physician and/or surgeon licensed under the Medical Practice Act, selected by CAB! Director to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. This authority also extends to any x-ray examinations, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act. I further agree to pay all charges for the dental, medical, or hospital care or treatment. I give permission to CAB! to transport my child for medical attention in a personal vehicle providing the driver and the said vehicle is properly insured for the carrying of passengers. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. To the best of my knowledge, the information on this form is accurate.

Parent or Guardian (print name): _____

Signed: _____ Date _____

PUBLICATION & PRIVACY ACT

I understand that the pictures taken at CAB may be used for promotional purposes. CAB will collect, use and disclose personal data only in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the CAB program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other CAB programs, services and opportunities that may interest you. We do not share this information with any other party.

Parent or Guardian (print name): _____

Signed: _____ Date _____

PERMISSION TO TRACK SCHOOL ATTENDANCE AND ACADEMIC PROGRESS

We would like to track the academic progress and school attendance of our participants in order to show the value of our organization. We will be looking at their total attendance and academic progress. I give **CREATE a Beat!** permission to track my child's attendance and academic progress from a copy of their report cards each six weeks during the school year. This information will be transferred as data without names to a spread sheet in order to show the value of organization to granting foundations and to seek community assistance and incentives for good attendance and grades.

Parent or Guardian (print name): _____

Signed: _____ Date _____