Parents and guardians, please complete and sign this form for your child to participate in NoCCA's Art Classes.

Name of participant: _____

PARENT/Guardian Name(s): _____

Mailing address_____

City_____ State_____ ZIP_____

Email: _____ Phone _____

By participating in this production with North County Coalition for the Arts, I agree to indemnify and hold harmless North County Coalition for the Arts, and their agents and employees from any liability or claim of action for damages or injuries resulting from or in any way arising out of participating in the program by the person listed above.

_____ DATE: _____
Parent/Legal Guardian Signature

SOCIAL MEDIA CONSENT

I, the parent or guardian of _____ ▢Do ▢Do NOT
give consent for North County Coalition for the Arts to share pictures of said minor participating in this program on NoCCA's Facebook and/or Instagram page.

_____ DATE: _____
Parent/Legal Guardian Signature

CONSENT for MEDICAL TREATMENT of a MINOR

As the parent, agency representative or legal guardian, of said minor_____ ,
DATE OF BIRTH:_____, I hereby give consent for North County Coalition for the Arts, its agents and employees, to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) for the minor listed above. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

_____ DATE: _____
Parent/Legal Guardian Signature

Is your child covered by health insurance? Yes/No

If yes, complete the following where applicable:

Health Insurance Policy Name _____Policy Number _____

Medical Assistance Program _____Card Number _____

Military Medical Care I.D. Number _____

List of any known allergies or other conditions pertinent in the case of an emergency:

_____

_____

_____

_____ DATE: _____

Parent/Legal Guardian Signature