



Student Information

Name of Student: _____

LAST

FIRST

Mailing Address 1: _____

Address 2 (if applicable): _____

City: _____ State: _____ Zip: _____

Guardian's Name: _____

Phone: _____

Guardian's Name: _____

Phone: _____

Primary Email: _____

Secondary Email (optional): _____

Emergency Contact: _____

Relation to Child: _____ Phone: _____

Medical Release/Information

Initial
Here

In case of emergency, Bellingham Arts Academy for Youth (BAAY) has my consent to authorize medical care for the child listed above. In addition, I hold BAAY harmless for any physical or emotional injuries that may occur to the student listed above during BAAY events/classes, on or off BAAY facilities.

Physician's name: _____

Physician's phone: _____

Allergies/Medications: _____

Medical Insurance Company: _____

Insurance ID or Group #: _____

Photo/Video Consent

As part of BAAY's promotion of school activities, staff members or the news media may photograph or video individual students or groups of students while they are engaged in school classes, rehearsals and/or performances. Your child's photographic image may thereafter appear in BAAY publications, newspapers, newscasts and/or on the Internet. If this form is not initialed giving us authorization, your child's image will not be published.

My child's photographic or video image may be published in BAAY publications, newspapers, newscasts, and/or uploaded to the Internet. _____ **Yes** _____ **No**

My child's name may be used to identify my child in BAAY publications, newspapers, newscasts, and/or uploaded to the Internet. _____ **Yes** _____ **No**

Guardian Signature

Date