PLEASE COMPLETE, SIGN & RETURN THIS FORM.

via Mail
The Crucible
1260 7th Street
Oakland, CA 94607

via Fax
(510) 444-0918

www.thecrucible.org

An Educational Collaboration of Arts • Industry • Community

YOUTH CONSENT AND RELEASE FORM

Student Information			
Name [First, MI, Last]		Age Group (check one)	☐ 8-11 ☐ 12-17
Address		Date of Birth	____/____/____
City, State, Zip		Gender	☐ Male ☐ Female
Parent/Guardian Information		Grade	
Name [First, Last]		School	
Relationship to Student		**Ethnicity/Cultural Heritage: (Check One)**	
Cell Phone (if applicable)		☐ White/Caucasian	☐ Black/Afro-American
Email (if applicable)		☐ Asian American	☐ Arab/Middle Eastern
Emergency and Medical Information		☐ Hispanic/Latino	☐ South Asian/Indian
1st Emergency Contact		☐ Pacific Islander	☐ Bi/Multi-Racial
Relationship to Student		☐ Native American/Alaskan	☐ Other
Phone		**Learning Differences**	
2nd Emergency Contact		☐ ADD ☐ ADHD	☐ Bipolar
Relationship to Student		☐ Autism	☐ Asberger's Syndrome
Phone		☐ Other (please specify)	

Specific Health Information		
☐ Asthma	☐ Diabetes	☐ Seizures
☐ Medications (please list)		☐ Allergies (please specify)
☐ Other (please specify)		

Pick-up Authorization: The following person(s) are authorized to pick up my child from the program

Driver #1 _____ Driver's phone # _____

Driver #2 _____ Driver's phone # _____

☐ My child will be riding BART to The Crucible and I authorize him/her to walk alone the BART station.

Parental Authorization for Treatment of a Minor Child: I, _____, am the parent or legal guardian having custody of _____, a minor child. As parent or legal guardian, I hereby authorize and appoint The Crucible of Oakland, CA in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child concerning my minor child's personal care, medical treatment, hospitalization, and health care; and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others. I understand that I am personally responsible for all costs incurred in the treatment of any injuries to the minor child.

By signing below, I acknowledge that I have read, understand and executed this agreement as of the date shown.

Parent/Guardian: _____ Date: _____

PARENT/GUARDIAN CONSENT AND RELEASE FORM

PLEASE READ CAREFULLY AND ACKNOWLEDGE THAT YOU UNDERSTAND BY SIGNING BELOW.

THE CRUCIBLE is a non-profit organization that provides educational instruction in the industrial and fine arts. My child has my permission to participate in the industrial and fine arts programs hosted by The Crucible. I understand fully that all phases of The Crucible's Industrial/Fine Arts programs can be hazardous. Prior to being given permission to participate in these programs, my child will receive shop safety information and instruction in the appropriate rules and practices which apply to the shop materials and equipment used as part of these programs.

My child, _____, agrees to observe all safety rules established by The Crucible's staff. They understand that violations of these rules can result in suspension from participation or expulsion from The Crucible's programs.

I have explained the terms of the above to my child, and they have assured me that these matters are understood and they have agreed to them.

I agree that these programs may be audio or video taped, or photographed, for the purpose of documentation and promotion. Participant waives all rights to being photographed. These tapes and/or photographs are the property of The Crucible, exclusively. The Crucible may make any use of such tapes and/or photographs without payment to the participant

My child is in good physical and mental condition; fully capable of participating in The Crucible programs they are enrolled in. They have no conditions which might impair their abilities, except as may be noted on the separate Parental Authorization for Treatment and Information Form and approved in advance by one of The Crucible's Senior Staff. Also, they are taking no medications that might affect their abilities to participate in these programs. I have been advised that The Crucible has a firm policy of no smoking, alcohol, or drug use on its premises and my child agrees to abide by this policy.

To the maximum extent permitted by law, I hereby assume any and all of the risks attendant with my child's participation in The Crucible's programs. Further, to that same legal extent, I hereby agree to hold harmless and release The Crucible, its faculty and staff from any and all claims for injury, loss or damage whatsoever that my child might sustain while participating in any activities at The Crucible; and I hereby agree to indemnify them and hold them harmless of and from any such claims, including claims of others, which are based in any part on my child's conduct. I make these agreements in consideration of my child being offered this opportunity at The Crucible.

I have read this document completely and understand it fully.

I also acknowledge that I have completed and signed the Parental Authorization for Treatment and Information Form.

By signing below, I agree to be bound by this agreement.

Print Name (Parent/Guardian): _____ (relationship) _____

Parent/Guardian (signature): _____ Date: _____