

**INNER-CITY NEIGHBORHOOD ART HOUSE    FAMILY INFORMATION FORM**  
**Summer 2020**

*Please print all information*

**Mother** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
**Father** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
**Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Relationship \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*\*\* Art, Photo, Web and Video Release Permission \*\*\***

My child has my permission to participate in art shows and to have artwork displayed or printed.  **Yes**  **No**  
My child may be photographed for print, Art House web page, Facebook, Instagram, videotaped and audio tape recorded.  
I understand that these materials would be used in public relations and/or in development programs for the  
Inner-City Neighborhood Art House.  **Yes**  **No**

**Children that will be attending the Inner-City Neighborhood Art House are:**

1. Child's Name \_\_\_\_\_ Race \_\_\_\_\_ Male/Female Age \_\_\_ by June 22, 2020  
Birth Date \_\_\_\_\_ Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Race \_\_\_\_\_ Male/Female Age \_\_\_ by June 22, 2020  
Birth Date \_\_\_\_\_ Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Race \_\_\_\_\_ Male/Female Age \_\_\_ by June 22, 2020  
Birth Date \_\_\_\_\_ Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Race \_\_\_\_\_ Male/Female Age \_\_\_ by June 22, 2020  
Birth Date \_\_\_\_\_ Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed \_\_\_\_\_

If you have more than one child with this information, please list on a separate sheet.

**Children's Allergies or Food Restrictions** \_\_\_\_\_

**Any Physical Restrictions or Medical Particulars (Example: Daily Medications, etc.)** \_\_\_\_\_

**EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please fill out both sides**

# THE INNER-CITY NEIGHBORHOOD ART HOUSE PARTICIPATION AGREEMENT

I, the parent/legal guardian of the registrant, a minor, agree to my son's/daughter's participation in the Inner-City Neighborhood Art House. It is understood that participation in such activities has an inherent risk of injury to the registrant. I, for myself, family members and the registrant, release and hold harmless the Neighborhood Art House, its employees and volunteers from any and all liability for injury to the registrant arising from participation in the Neighborhood Art House programs, and/or being transported to or from the same, which transportation I hereby authorize.

**\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give my full consent to the Inner-City Neighborhood Art House and any medical professionals to administer whatever emergency medical treatment is deemed necessary for my son/daughter in the event of an unforeseen injury or illness. I acknowledge that my son/daughter has no known allergies or medical conditions except as noted below (If none, state NONE):

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## INSURANCE

I confirm that the registrant is covered by a personal or family medical insurance including hospitalization:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurer \_\_\_\_\_ Group \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Parent/Guardian's Permission Regarding Emergency Medical Care

Student/s Name/s \_\_\_\_\_

I, the undersigned parent/legal guardian, do hereby grant permission to any licensed physician to perform or provide necessary emergency medical care or aid to my son/daughter (also known as registrant), (child name) \_\_\_\_\_, in connection with the Inner-City Neighborhood Art House program. I am aware any and all costs associated with said care are my responsibility.

**\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: Does/Do the registrant/s have any mental or physical condition/s that might require special attention?**      Yes \_\_\_\_\_      No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

*I, the undersigned parent/legal guardian, have read and understand all of the above.  
Subject to the above, I agree to the registrant/s participation in Neighborhood Art House activities for the period from June 22, 2020 until September 16, 2020*

**\*\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fill out both sides