## GOGGLEWORKS SUMMER PROGRAMMING Center for the Arts YOUTH CONSENT AND GENERAL RELEASE

| PARTICIPANT NAME:                      |          | PROGRAM        |      |
|--|----------|----------------|------|
| DATE OF BIRTH:                         | _ AGE:   | PROGRAM DATES: |      |
| ADDRESS:                               |          |                |      |
| CITY:                                  | STATE:   | ZIP:           |      |
| PARENT/GUARDIAN(S):                    |          |                |      |
| NAME:                                  |          | PHONE          |      |
| EMAIL:                                 |          |                |      |
| NAME:                                  |          | PHONE          |      |
| EMAIL:                                 |          |                |      |
| ADDITIONALEMERGENCY CONTACT:           |          |                |      |
| NAME:                                  |          | PHONE          |      |
| EMAIL:                                 |          |                |      |
| PERSONS TO WHOM CHILD MAY BE RELEASED: |          |                |      |
| NAME:                                  |          | RELATION:      |      |
| PHONE                                  |          |                |      |
| NAME:                                  |          |                |      |
| PHONE                                  |          |                |      |
| NAME:                                  |          |                |      |
| PHONE                                  | <u> </u> |                |      |
|  |          |                |      |
| PARENT/GUARDIAN NAME (please print):   |          |                |      |
|  |          |                |      |
| PARENT/GUARDIAN SIGNATURE:             |          |                | Date |

PARTICIPANT INFORMATION: