

PROGRESSIVE ARTS

Young Talent Info Sheet 2021

Talent name: _____

Please check classes and/or camps you are registering for:

Camp Name _____

Talent birthday: _____

Parents/Guardian: _____

School Name & Grade: _____

Dismissal Time: _____

Home address: _____

Email 1: _____

Email 2: _____

Contact #s: _____

Allergies: _____

Please list any medical/physical diagnosed or undiagnosed things that ProArts should know about. Please know that answers are confidential:

PRIOR EXPERIENCE: (It's fine if this is not applicable to your performer)
dance/vocal/performance/modeling/cheerleading/gymnastics/etc.

ANYTHING YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD:
Examples: loves to be a ham/ has stage fright/plays guitar, etc.

* Please attach answers that do not fit on this page and please be sure the talent's name is at the top!

Thank you!

Progressive Arts

Creative Productions

Acting, Singing & Dancing

Liability Waiver Form

Despite all the precautions we take, we realize that participation in Progressive Arts could involve a possible personal injury. By signing this release form, the parent/guardian assumes all risk related to Progressive Arts and the use of any and all spaces used by Progressive Arts.

"I/we agree to release and hold harmless Kirsten and Seth Walker and Progressive Arts and its counselors and the facilities used by them from any cause of action, claims or demands any personal injury or any personal property damage that might occur before, during or after workshops, lessons, and shows.

"Furthermore, if I/we observe any unsafe conduct or conditions involving Progressive Arts, I/we agree to report the unsafe conduct or condition to Kirsten and/or Seth Walker as soon as possible."

Talent Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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Safety and Medical Information

Talent name: _____

Persons permitted to remove child:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

IN CASE of EMERGENCY, persons to be notified when the contacts listed above cannot be reached:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Physician: _____

Allergies: _____

I give permission to consult the talents physician/health resource listed above in case of an emergency if parent or emergency contacts cannot be reached.

Signature of parent or legal guardian

Date

Printed name of parent or legal guardian

