

**Child – Emergency Contact & Medical Information**

Student Name (first & last) \_\_\_\_\_ Date of birth & year \_\_\_\_\_ Gender \_\_\_\_\_

Student’s T-shirt size: Youth / Adult X-Small / Small / Medium / Large / Extra Large Other: \_\_\_\_\_

Primary Contact Parent/Guardian name \_\_\_\_\_ Parent/Guardian name \_\_\_\_\_

Mobile phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_ City, ST Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Today’s Date \_\_\_\_\_

Newsletter? Y / N If you select no, you may not be notified of future classes.



**Primary & Secondary Emergency Contact**

Primary Emergency Contact \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Relation \_\_\_\_\_

**Medical Information and Photo release**

Do you have medical insurance? Y / N \_\_\_\_\_  
Insurance company & Policy/Group number (optional) \_\_\_\_\_

Primary Care Physicians Name (optional) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_

**Does your child have any Allergies/Special Health Considerations/medical conditions that will affect their participation? Y / N** List any concerns on the back of this paper

**Medical Release for Minor Child**

I, Parent/ Guardian of \_\_\_\_\_, a minor child, hereby authorize any Medical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold the treating physician, hospital, Studio B Grayslake and Monkey Aerial Arts LLC harmless.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Photo, Press, and Electronic Media Release for Minors**

I, Parent/Guardian of \_\_\_\_\_, do hereby give my permission to Monkey Aerial Arts for the use and reproduction of the video footage, photographs, or voice recordings of the participant. I understand that the use of the participants image and voice may be primarily for the purposes of educational and/or promotions. Student last names will not be used in promotions without additional authorization from a parent. Monkey Aerial Arts will treat all materials with respect and integrity in the presentation of any participants.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_