

Christian Youth Theater - North Idaho, Inc - Fall 2009, Winter 2010, Spring 2010  
**Please bring Medical Form/Carpool Form to the 1<sup>st</sup> day of Class**  
**to the Area Coordinator or the Magic Box**

## Medical/Photo Release Form and Information Minor Release Form

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_,  
PRINT Parent or Legal Guardian Name PRINT Student Name

a minor, grant permission for him/her to participate in CYT - North Idaho's Classes. If they should suffer an injury while participating in CYT activity, I will be personally responsible for their medical or injury related expenses. I hereby give permission to the adult supervisor in charge to secure emergency medical treatment for the minor named above in the event of an unforeseen injury or accident. Furthermore, I also agree to hold CCT/CYT, and/or their assignees harmless in the event of a production related injury or accident.

I hereby authorize and consent that CCT/CYT shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits, or pictures, television spots, movie films, videotapes, and/or sound recordings, or any part thereof, that have been taken of the above named minor, or in which the above named minor may be included in whole or in part.

Minor's Name (PRINT clearly) \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Information (allergies, medications, procedures, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                           |
|---------------------------|
| AC Init. _____            |
| Copies Needed? _____      |
| Copied for Teacher _____  |
| Copied for Director _____ |

continue on back as necessary)

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### Christian Youth Theater - North Idaho, Inc Carpool Authorization Form

\_\_\_\_\_ has my authorization to pick up/drop off my child(ren).

(PRINT Name of Driver)

\_\_\_\_\_

(PRINT Name(s) of students)

List others authorized to pick up/drop off your child(ren).

\_\_\_\_\_

Signature

Date