

**Christian Youth Performers**  
***MEDICAL/PHOTO RELEASE FORM***

If you or your child is involved in Christian Youth Performers, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury or illness while participating in any CYP performance or activity, you will be personally responsible for your medical or injury related expenses.

I give permission for my child\_\_\_\_\_ to participate in 2009-2010 Christian Youth Performers classes and productions. I also give permission to the designated adult supervisor to secure emergency medical treatment for the minor named above. I also agree to hold CYP, St. Andrew's Episcopal Church, Social Circle Theater and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that Christian Youth Performers shall have the absolute right to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of my child, or in which my child may be included in whole or in part.

Child's Name\_\_\_\_\_ Child's birth date\_\_\_\_\_

Parent/Guardian name: (please print) \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ date:\_\_\_\_\_

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

Zip\_\_\_\_\_ Home phone(\_\_\_\_)\_\_\_\_\_ Work phone(\_\_\_\_)\_\_\_\_\_

Cell phone(\_\_\_\_)\_\_\_\_\_ Other (\_\_\_\_)\_\_\_\_\_

Emergency Contact name \_\_\_\_\_ phone (\_\_\_\_)\_\_\_\_\_

Insurance Company and policy #\_\_\_\_\_

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

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Adult in charge may give my child Tylenol: \_\_\_\_\_ yes \_\_\_\_\_ no