



JCCS Cultural School Release Form 2023-2024

Student Full Name: _____ Age: _____

Male Email: _____ Birth Date: _____

Female

Do Not Wish to Answer Adoption Date (if applicable): _____

Street Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Student Phone (if applicable): _____ Parent Phone: _____

Parent (s) Name (s): _____

Known Food Allergies: _____

Medical Conditions: _____

Participation Authorization

By registering my child for any The Park program, in this case Joyous Chinese Cultural School, I agree to waive any claim of liability against The Park/CCAI (CCAI), its staff, volunteers, and board of Directors, in the event of any loss or injury resulting from participation in CCAI activities and events on the CCAI premises, or at other locations where CCAI activities may occur.

I understand and acknowledge that participation in CCAI programming involves inherent risk to our child including injury risks of physical injury associated with, arising out of, and inherent to the activity of dance. I agree to release CCAI of all liability for any cost or expenses arising out of our child's participation in CCAI programming, including the cost of any medical care given to our child or any expenses or fees incurred in any lawsuit arising as a result of any damages or injuries caused by our child in the course of his or her participation in CCAI programming. I further understand that CCAI is not responsible for accidents or injury that may occur.

I accept full responsibility for any medical expenses that might arise as a result of sickness or injury and understand that CCAI does not maintain medical insurance, which would cover any sickness or injury.

I authorize the Designated Supervisor(s) to authorize and consent to any medical care that he or she reasonably believes necessary, including hospitalization or surgery. CCAI will obtain the consent of a Parent or Guardian when time and conditions permit.

Student Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(if Student is a minor)

Code of Conduct:

To provide the safest and best experience, we have the following expectations for all The Park participants:

- Participants will not use or possess any illicit substances.
- Participants will treat all personnel, my peers, and property with respect.
- Participants will not engage in inappropriate conduct with any of my peers.
- Participants will abide by all laws of the city and state where this event is located.

I agree to abide by this Code of Conduct. Failure to comply with any part of this Code of Conduct may result in my immediate dismissal from this program. I understand that if I am found to engage in tobacco, drug, alcohol use, or sexual conduct of any kind, I will be dismissed immediately and it may be grounds for further legal and financial action taken against me.

I have read and understand the above statements.

Student Signature: _____ Date: _____

Parent/Guardian’s Signature: _____ Date: _____
(if Student is a minor)

Photo Release

I, _____ (Parent/Guardian Name if student is a minor), hereby give permission to CCAI to use photos taken of me/my child during my/their participation in CCAI programming in any promotional materials such as the CCAI Circle, CCAI or The Park website, and/or social media.

My/My child’s name will not accompany any photos that are used unless specifically permitted below (please check one).

- I DO give permission to CCAI to use my/my child’s name for publications specified above.
- I DO NOT give permission to CCAI to use my/my child’s name for publications specified above.

Student Signature: _____ Date: _____

Parent/Guardian(s) Signature: _____ Date: _____
(if Student is a minor)

Emergency Contacts

Name of Contact	Relation to Student	Phone Number

Consent for Medical Treatment

I, _____ (Parent/Guardian Name if student is a minor), authorize the Designated Supervisor(s) to obtain emergency medical treatment for my student during CCAI programming. I consent to hospital care to be rendered to the student at a recognized medical facility, under the general or special supervision of a qualified physician or surgeon. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my student and that I am responsible for all charges in connection with the care and treatment rendered to my student during this period.

I certify that I have read and understand these statements and that I will notify CCAI hereafter of any relevant changes in the student's health that occur during the period this Release Form covers.

Participant's Signature: _____ Date: _____

Parent/Guardian(s) Signature: _____ Date: _____
(if Student is a minor)

Medical Information

Date of last Tetanus Booster: _____

Current Medications: _____

Has the student ever had or do they now have (check yes or no):

	Yes*	No		Yes*	No
Chicken Pox			Kidney Problems		
Hepatitis			Chronic Skin Problems		
Tuberculosis			Epilepsy		
Malaria			Fainting Spells		
Heart Disease			Diabetes		
High Blood Pressure			Anemia		
Chronic Chest Pain			Severe Anxiety		
Asthma			Surgery		
Chronic Gastrointestinal Problems			Other**		

*Please give details about any items on which you checked "Yes":

**Please give details about any other medical problems you wish to note: