

NORTHSIDE ISD ADULT & COMMUNITY EDUCATION
6632 BANDERA ROAD - SAN ANTONIO, TX 78238 (210)397-8100

YOUTH WAIVER/INFORMATION FORM

Child's Name:				
Date of birth:	Age:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Current address:				
Food Allergies (life threatening):				
Food Restrictions (non-life threatening):				
Other Medical Limitations or Special Needs:				

PARENT/GUARDIAN (1)

Parent/Guardian Name:		
Address:		
City:	State:	ZIP Code:
Email:		
Phone Number (Home/Cell):	Phone Number (Work):	

PARENT/GUARDIAN (2)

Parent/Guardian Name:		
Address:		
City:	State:	ZIP Code:
Email:		
Phone Number (Home/Cell):	Phone Number (Work):	

LIST ANY EMERGENCY CONTACTS OTHER THAN HOUSEHOLD MEMBERS LISTED ABOVE

Emergency Contact Name:	Relation:	Home/Cell Phone:	Work Phone:	Allowed to Pick Up?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIABILITY WAIVER AND MEDICAL RELEASE

I assume the risk of personal injury and property damage, and waive, release and discharge Northside Independent School District for any and all claims for damages for personal injuries or property which I or my child and our heirs, assigns, executors, or administrators may have or may accrue on my and my child's behalf, arising out of my or my child's participation in this program/activity. I agree and do hereby waive and release all claims against Northside ISD and any Northside Adult & Community Education employee and other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that in the judgment of any representative of the program/school of the below student should need immediate care and treatment as may be given said student by any doctor, trainer, nurse or program/school representative from any claim by any person whomsoever on account of such care and treatment of said student. It is understood by my son/daughter and me that all policies, regulations and standards of the Northside Independent School District will be in effect and must be adhered to while participating in any Adult & Community Education camp or class.

Signature of Parent or Guardian:	Date:
----------------------------------	-------

PHOTO/IMAGE RELEASE

I hereby give my permission without restriction to Northside Independent School District and its assignees to photograph or videotape my child during participation in camps and classes. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for NISD programs online and/or in print.

Signature of Parent or Guardian:	Date:
----------------------------------	-------