



Interstages

454 M Street NW, Suite 2
Washington, DC 20001
202.824.0740

www.interstages.org
info@interstages.org

Agreement to Participate in Interstages Program

(This form must be filled out by
parent/guardian of minor participant)

Participant Name: _____

Address: _____

Phone: _____ Age: _____

RELEASE, WAIVER AND INDEMNITY AGREEMENT

By signing this form, you give your child permission to participate in the afterschool program ("Program") offered by Interstages, Inc. ("Interstages"). The Program utilizes individualized academic support plans and music enrichment, supplied by caring adults during out-of-school time, to facilitate opportunities for middle grades students to experience academic and personal success. Through this form you are granting permission for your child to participate in weekly study skills sessions, daily homework help, private music lessons, field trips to performances and exhibits, as well as many other activities.

Your child is responsible for following the rules and instructions set by Interstages. If at any time, you have questions about an activity, you have the responsibility to consult with an Interstages staff member.

Interstages will attempt to operate the Program as described in its flyers, but it reserves the right to change the Program at any time and for any reasons, with or without notice.

This Release, Waiver and Indemnity Agreement is to be construed under the laws of the District of Columbia and contains the entire agreement between the parties to this document. If any portion of this waiver is held invalid, the balance shall continue in full legal force and effect.

Please read carefully the statement below and sign it if you agree to all of the terms:

MY CHILD'S PARTICIPATION IN THE PROGRAM IS ENTIRELY VOLUNTARY.
IN CONSIDERATION OF INTERSTAGES' AGREEMENT TO PERMIT MY CHILD TO
PARTICIPATE IN THE PROGRAM, I AGREE AS FOLLOWS:

I recognize that there is risk involved with Program activities. Interstages staff and volunteers will take reasonable precautions to protect my child against known risks, but not all risks can be predicted or prevented. Knowing the inherent risks, I certify that my child is fully capable of participating in all Program activities. I release and

discharge Interstages and all of its agents, servants, successors and assigns, directors, trustees, officers, employees, volunteers, and other representatives (in their official and individual capacities) from any and all liability for injuries, illnesses or loss my child sustains which is connected in any manner with my child's involvement in the Program.

Further, I agree to indemnify and hold harmless Interstages and all of its agents, servants, successors and assigns, directors, trustees, officers, employees, volunteers, and other representatives (in their official and individual capacities) from any and all liability, loss, damage or expense which is connected in any manner with my child's involvement in the Program regardless of whether such liabilities, losses, damages or expenses are caused by my own or my child's negligence or willful conduct or by the negligence of Interstages and others associated with the organization.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE INFORMATION CONTAINED IN THIS FORM , UNDERSTAND ITS CONTENTS, AND AM SIGNING THIS RELEASE FREELY AND VOLUNTARILY.

Signature: _____ Date: _____
(Parent or legal guardian must sign for all persons under 18 years of age)

Name of participant: _____

Names of **ALL** parents/guardians of minor participant: _____

EMERGENCY CONTACT INFORMATION

Contact: _____ Relationship: _____

Address: _____

Phone: _____

Please complete the following information for each parent and legal guardian.

Parent/Guardian 1:

Parent/Guardian Name: _____
(last) (first) (middle)

Address (if different from student): _____
(street)

(city) (state) (zip)

Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours at work number: _____

Parent/Guardian 2:

Parent/Guardian Name: _____
(last) (first) (middle)

Address (if different from Parent/Guardian 1): _____
(street)

(city) (state) (zip)

Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours at work number: _____

PERMISSION TO PICK-UP

Please indicate how your child will get home after Interstages dismisses:

___ I will pick up my child.

___ My child may walk home by herself every day.

___ My child may walk home by herself only when I contact Interstages staff to give my permission.

___ My child may take Metrobus # _____ to get home.

___ Other: _____

Please list all persons who have permission to pick up your child from Interstages:

Name	Relation to child	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

If you believe any unauthorized person may attempt to pick up your child, PLEASE INFORM AN INTERSTAGES STAFF MEMBER. We are committed to your child's safety.

HEALTH RELEASE

In case of serious injury or illness, I will be notified. If I cannot be contacted, I give my permission to Interstages, Inc. ("Interstages") and its representatives to make any **necessary and/or reasonable** medical or dental decisions on behalf of my minor child.

I certify that there are no health-related reasons or problems which preclude my child's participation in Interstages' activities. I have informed Interstages of any and all health-related issues that may in any way affect my child's association or participation in Interstages' activities.

I FULLY UNDERSTAND THE CONSEQUENCES OF THE FOREGOING STATEMENTS AND SIGN THIS AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE KNOWINGLY, FREELY AND WILLINGLY.

Signature: _____ Date: _____
(Parent or legal guardian must sign for all persons under 18 years of age.)

Name of participant: _____

Name of parent/guardian: _____

INSURANCE STATEMENT

I represent and warrant that my child is represented by a policy of comprehensive health and accident insurance which provides coverage for illness or injuries sustained or experienced while participating in the Program. I understand that Interstages does not provide health and accident insurance for Program participants, and I agree to be financially responsible for any medical bills and related expenses incurred as a result of emergency medical treatment.

Signature: _____ Date: _____
(Parent or legal guardian must sign for all persons under 18 years of age)

Name of participant: _____

Health plan carrier: _____

Name of insured: _____

Relationship to child: _____

Employer: _____

Policy #: _____ Group #: _____

EMERGENCY MEDICAL INFORMATION

Please complete this form so that health care providers can be aware of your child's health needs. This information will be kept confidential and will only be used for the welfare of the participant.

Participant Name: _____
(last) (first) (middle)

Age: _____ Date of Birth: _____

General: Does the participant have: (if "yes" explain)

____ Yes ____ No ALLERGIES? _____

____ Yes ____ No HEART CONDITION? _____

____ Yes ____ No ASTHMA? _____

____ Yes ____ No DIABETES? _____

____ Yes ____ No OTHER? _____

Is the participant subject to: (if "yes" explain)

____ Yes ____ No HEADACHES? _____

____ Yes ____ No SEIZURES? _____

____ Yes ____ No MOTION SICKNESS? _____

____ Yes ____ No FAINTING? _____

____ Yes ____ No SLEEP WALKING? _____

____ Yes ____ No UPSET STOMACH? _____

____ Yes ____ No OTHER? _____

Does participant have reaction to: (if "yes" explain)

____ Yes ____ No BEE STINGS? _____

____ Yes ____ No PENICILLIN/OTHER DRUGS? _____

____ Yes ____ No POISION IVY, OAK, SUMAC? _____

____ Yes ____ No OTHER? _____

____ Yes ____ No Has the participant had any serious illness or surgery within the past ten years? _____

____ Yes ____ No Does the participant have any condition that would prevent her from participating in any Program activities? _____

____ Yes ____ No Are any drugs ineffective in treatment? _____

____ Yes ____ No Does the participant have any sight or hearing impairment?
____ Wears glasses ____ Wears contact lenses ____ Wears hearing aids

Blood type: _____ Date of last tetanus shot: _____

PRESCRIPTION DRUGS AND OTHER HEALTH INFORMATION

Participant shall be responsible for any necessary prescription drugs. No medications other than those prescribed by a physician shall be brought to the Program. **Please inform Interstages staff of any drugs your child might bring to the Program.** This includes asthma inhalers and Epi-pens. Please indicate below ANYTHING else that Interstages should know to help avoid or deal with any medical situation that might arise:

From time to time, Interstages uses photos, recordings and other likenesses or words for a variety of purposes, for example, to spotlight a student in our newsletter or to post on our website. Others sometimes request these items as well; for example, a newspaper reporter may visit the program and interview students or take a photo for a news story. We also may use a photo of the whole group to publicize a student performance, print on an event program, or other use. Please sign the release below. If there are any instances where you do NOT give permission, please list them as exceptions below.

PHOTO RELEASE

I give Interstages, Inc. permission to take, use, publish and display my/my child's likeness and words in any and all media, including in print, electronic, or video format, for the limited purpose of promoting and publicizing Program described in the Release, Waiver and Indemnity Agreement and similar future events. I also waive any right to review such uses. I release all claims against Interstages, Inc. with respect to copyright ownership and publication, including any claim for compensation related to use of the materials.

Parent/Guardian Signature: _____ **Date:** _____

Any exceptions to this permission: _____

Regular attendance is expected of all Interstages participants. Consistency will ensure that your child gets the most out of her Interstages experience, and also ensures that group activities can go as planned. **Interstages is a commitment, not a drop-in program.** If a student cannot attend regularly, her place in the program can be taken by another child.

ATTENDANCE COMMITMENT

Participation in Interstages requires a daily commitment. Inconsistent attendance may result in a student being asked to leave the program. **Please communicate with Interstages staff before 3:00 PM if your child will be absent on a given day.**

I will ensure that my child attends every program day unless there is an emergency or other legitimate and compelling reason for her to miss a day. **Yes / No (Please circle.)**

Parent/Guardian Signature: _____ **Date:** _____

BACKGROUND INFORMATION

Interstages receives funding from foundations, grant-making organizations, and other organizations that require that we report overall statistics on the following information. Individual student records will be kept strictly confidential.

Does your child qualify for free or reduced lunch at school? Yes / No (Please circle.)

PERMISSION TO REVIEW REPORT CARDS AND STANDARDIZED TEST RESULTS

I hereby give my permission to Interstages to request copies of my child’s quarterly report cards and standardized test results from her school. I understand that this information will be used to assess my child’s progress. Individual student records will be kept strictly confidential.

Parent/Guardian Signature: _____ **Date:** _____

FAMILY INVOLVEMENT

At Interstages, we value your involvement in your child’s life and in the Interstages family. To keep you informed and involved, **we will do our best to:**

- Make ourselves available to speak with you at times that are mutually convenient.
- Contact you regularly with updates on your child’s progress and information on Interstages events and activities.
- Seek your input and feedback.
- Provide high quality experiences for your child.
- Provide information about outside programs or services that could be helpful to your child or your family.
- Always get your permission for off-site activities, including educational field trips, student performances, etc. We will not take your child off-site without your **written** permission for that particular event. We also will not ask your student to bring money or anything else of value without informing you.

To be involved in your child’s Interstages experience, **please indicate which opportunities are of interest to you:**

___ Interstages Family Nights. Monthly Interstages family events held at the rec.

___ Committees. The Board of Directors will be forming several committees in the next year – particularly a fundraising committee to make sure Interstages can keep operating and providing free, high-quality programs for your kids.

___ Field Trip Chaperones. An extra adult is always a help when we go off-site!

___ Other: Have an idea about how you can participate? Let us know!