

All-City Performing Arts Student Information Form

General Contact Information

Student Name

Site (Schurz, or Jones)

Student Phone Number

Student School

Student CPS Email

Student Alternate Email (if applicable)

Student Street Address

City, State, Zip

Parent or Legal Guardian - Emergency Contact Information

Parent or Legal Guardian Name

Relationship to Student

Address if different from student

For a non-emergency, when is the best time to reach you?

Parent/Guardian Email

Parent/Guardian Primary Phone

Medical Information

Allergies (medicine, environmental): _____

Food Allergies: _____

Chronic Health Problems: _____

Medications*: _____

*Please note that CPS staff will not administer any medications.

Release of Liability

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. In consideration of my child being allowed to participate in this program indicated above, I hereby RELEASE the Board of Education of the City of Chicago, the school, chaperones, volunteers or representatives associated with the event from any liabilities related to his or her participation including but not limited to personal injury.

Parent/Guardian Initial

Photo & Video

I give permission to CPS Department of Arts Education to take and use photographs or videos of All-City activities that contain an image of my child for the limited purpose of promotion and advertising:

<input type="checkbox"/> accepted _____ Parent/Guardian Initial	<input type="checkbox"/> refused: please do not take and use photographs or videos of my child for any reason _____ Parent/Guardian Initial
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Authorized Pick-ups

My child has my permission to depart the rehearsal/performance location without supervision.

The following people are authorized to pick-up my child:

Name: _____ *Relation to student:* _____ *Phone (Cell Preferred):* _____

I authorize CPS Department of Arts Education to release my child to the above person/people.

Parent/Guardian Initial

Permission to participate in CPS All-City Performing Arts

I hereby give my child permission to participate in CPS All-City Performing Arts Ensembles. I understand my child may not be at the rehearsal/performance location more than 1/2 hour prior to the beginning of a rehearsal/performance and must be picked up at the assigned time of dismissal.

Signature of Parent/Guardian

Date

All City Performing Arts Media Consent Form and Release

Your child's participation in the All City Performing Arts Program ("Program") will include numerous publicized performances that will be photographed, digitally recorded, videotaped, and/or audio taped. The purpose of this Form is to seek your consent to record and publicize your child's performances.

Consent/Release

I hereby consent to have my child photographed, digitally recorded, videotaped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media during the course of my child's participation in the Program. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and other information concerning my child's participation in the Program.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this consent by providing written notice to the All City Performing Arts Program Coordinator (allcityarts@cps.edu). **I also understand that my consent to have my child photographed, digitally recorded, videotaped, audio taped and/or interviewed by the Board is valid for the duration of my child's participation in the Program across academic years.**

Instructions: Check Box #1 or Box #2

- I consent as outlined in the above consent/release section.
- I **DO NOT** consent as outlined in the above consent/release section.

Signature of Parent/Guardian/Student if age 18 or older

Printed Name of Parent/Guardian/Student if age 18 or older

Student's Name

Student ID #

Date

School

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.

Consent for Bulk Text Notifications and Alerts

Dear Parent/Guardian:

Your school will periodically want to send information regarding school or district events, updates, or initiatives. We will utilize a bulk text notification system (specified below) to text message or instant message (IM) you and your student to remind you and your student about registration, emergencies, school events, and activities. All school messaging communications are subject to the Acceptable Use of the CPS Network and Computer Resources policy.

To ensure you and your student receive school text notifications and reminders, your consent is needed below.

By signing this form, you are authorizing Chicago Public Schools to use a bulk text notification system to periodically deliver automated text messages to the phone numbers provided below. If you change your phone number or no longer wish to receive automated texts, you agree to inform Chicago Public Schools immediately.

By signing below, you agree that this consent will remain valid and you and your student will continue to receive text messages or IM for the remainder of the school year, unless or until you revoke your consent. Please return this completed form to your school no later than _____. Standard messaging rates and data charges may apply.

Instructions: Check Box for Consent or Do Not Consent

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

Bulk Text Message Provider	Parent Initials (Please initial to authorize communications)
Remind APP	

Signature of Parent/Guardian

Print Name of Parent/Guardian

Student's Name

Student ID #

Date

School

Student's Phone Number for Messages: (_____) _____ - _____

Signature of unaccompanied youth
(as defined by 42 U.S.C. § 11434a(6))

If you wish to receive text messages and/ IM, provide the information below:

Parent/Guardian Phone Number 1 for Messages: (_____) _____ - _____

Parent/Guardian Phone Number 2 for Messages: (_____) _____ - _____