

ESTELLA'S BRILLIANT BUS

Name: _____

Birth Date: _____ Age: _____ School: _____

Gender: _____ Grade: _____ Age: _____ Ethnic Identity: _____

Does your child qualify for the Reduced Lunch Program? Yes _____ No _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Work: _____

Medical Insurance Company: _____ Policy # _____

Known Medical Conditions: _____

Emergency Contact: _____ Relationship: _____

Authorization and Estella's Brilliant Bus Policy

With my signature below, I, as **parent/guardian**:

- Give permission for my child to participate in activities sponsored by Estella's Brilliant Bus.
- Authorize and give consent for any emergency medical, surgical, or dental treatments for my child should it be deemed advisable by a qualified medical doctor or dentist. During my absence, any representative of Estella's Brilliant Bus may act on my behalf should a medical/dental emergency arise in connection with my child's participation within the Estella's Brilliant Bus Projects.
- Grant permission for Estella's Brilliant Bus, a non-profit organization or its agents, to photograph or videotape my child while participating in activities, or using the recreational facilities, and I further authorize the use of such photos or videos and any promotional or documentary purposes, without any compensation.

With my signature below, I, as the **youth/participant** have been advised of the policies, procedures, and rules governing participation in Estella's Brilliant Bus activities. I understand that if I do not comply with all policies, procedures, or rules of Estella's Brilliant Bus or if I do not show up to project activity, program, or event and fail to give prior notice, I may be suspended from any other activities at the discretion of the Project's Executive Director.

Estella's Brilliant Bus Release and Liability Waiver

Participation in any Estella's Brilliant Bus program or activity, and use of any educational or recreational facilities may involve a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by Estella's Brilliant Bus, I, as parent/guardian, release from responsibility and agree to indemnify and hold harmless Estella's Brilliant Bus and their employees, officers, directors, independent contractors, agents, and volunteers for any illness or injury to my child and/or family members occurring during participation in any Estella's Brilliant Bus activities or use of recreational facilities at, or conducted by, Estella's Brilliant Bus, including any transportation provided to my child, whether or not said injury or illness is caused by the negligence of the said employees, officers, directors, independent contractors, agents, and volunteers, or by a third party.

Parent/Legal Guardian Signature _____ Date: _____

Youth/Participant Signature _____ Date: _____