Northfield Arts Guild
Education Participation Forms for Youth
All forms required for youth under 18 enrolling in Guild programs

Welcome to the Northfield Arts Guild! We are so excited for you to be involved in the high-quality, inclusive arts experiences we offer. We hope that you learn, grow and flourish through participation in these programs.

This packet includes policy information and forms that will ensure safety for all Guild students. Please read, initial, and/or fill out the forms as necessary. We appreciate your attention and thoughtfulness in completing them! **All forms are required by the start of a student’s class, or the student will not be able to participate.**

- Emergency Medical Authorization and Release (one form per student)
- Photo Permission
- Parent/Guardian Class Observation Policy
- Behavior Policy
- Pick Up/Youth Release Policy
- Youth Release Authorization Form
- Optional Photo ID Pick Up Request

Please mail or drop off completed forms to:

Northfield Arts Guild
304 Division St.
Northfield, MN 55057

New forms are required at the beginning of each new academic year (September – August).

Thank you for helping us ensure a safe, supportive environment for all Guild students!
Emergency Medical Authorization & Release

This release authorizes personnel of the Northfield Arts Guild Education Program to make emergency medical decisions as to illness and/or injury which the youth, __________________________________, may develop or sustain as part of this program's activities. Said personnel shall make all reasonable efforts to contact me as guardian or the emergency contacts on record prior to authorizing any medical treatment, but may authorize such medical treatment in what the authorized person believes to be the best interests of said youth.

I, the undersigned guardian of the youth, hereby release the Northfield Arts Guild and the authorized personnel from any claims or liability for any illness or injury or loss of property incurred during the youth's participation in the regular activities of the program. I further release the Northfield Arts Guild from liability for injury or loss of property at the Center for the Arts, 304 Division St., or at the Theater, 411 West Third St.

I, the undersigned, confirm that I have read this authorization and release, know and understand its contents, and am voluntarily signing this document.

Date: ____________________  Parent/Guardian: __________________________

Name and phone number of preferred primary care physician and/or clinic

First and last name  Phone number

Clinic

Does the youth have any special needs, challenges, or allergies we should know about?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Emergency Contacts

1. (Parent/Guardian) name_________________________ Phone number: ______________

2. (Secondary) name_______________________________ Phone number: ______________

   Relation to youth: _____________________________

*In the case that Guild staff are unable to reach a parent/guardian, you give the permission for the secondary contact to take responsibility for the youth, including pick up if necessary

Date: ____________________  Parent/Guardian: __________________________

Please contact Guild Education staff (507.645.8877) if emergency contact information changes!
Photo Permission

I give permission for photos of the youth to be used in Guild promotional materials.

Please check: _____Yes   _____No

Parent/Guardian initials: ______

Parent/Guardian Class Observation Policy

Parents/Guardians are expected to leave the studio during youth classes. Guild staff and instructors reserve the right to ask parents/guardians to not observe class. Any parents/guardians wishing to stay at the Guild for the duration of a youth class are welcome to use the lower level lounge. If specific circumstances require a parent/guardian to be nearby the participating youth please let Guild Education staff know (507.645.8877), and the instructor will arrange accommodations with you.

I have read and understand that parents/guardians are expected to leave the studio during youth classes, and if circumstances require a parent/guardian to be nearby I will contact Guild staff.

Parent/Guardian initials: ______

Behavior Policy

The Guild strives to create a safe, supportive learning environment for all students. All students will be asked to abide by the following conduct:

- Respect yourself
- Respect each other
- Respect the space
- Respect the materials

The Guild reserves the right to remove a student from Guild programming if their behavior is deemed disruptive, violent, or threatening by the instructor and/or Guild staff.

I have read the above behavior policy, and I understand that if the youth fails to follow these expectations the youth will not be allowed to participate in the program and no refund will be issued.

Parent/Guardian initials: ______

Pick Up/Youth Release Policy

I, the guardian, understand that I must arrange for the youth to be picked up on time from class at the Guild.

If outstanding circumstances prevent picking up the youth on time, I, or people acting on my behalf, agree to call the Guild and/or the instructor (if after Guild office hours) before the end of class to inform staff of a reasonable arrival time.

In the case that I fail to call the Guild, my given emergency contacts cannot be reached by the faculty and staff, and/or the youth is not picked up, I understand the Guild may take further action by alerting law enforcement.

Parent/Guardian initials: ______
Student Name: ________________________________

Youth Release Authorization

Youth less than nine years of age must have an authorized person pick them up at their classroom location (i.e., dance studio, clay studio, art studio, etc.).

This student is under the age of nine, and I have read and understand that I am expected to pick up at their classroom.

Parent/Guardian initials: ______

For youth nine years or older, please choose one level of release:

_____ Guardian Only release
This student does not have permission to leave the classroom without a parent/guardian (including being picked up outside the building by a parent/guardian) at the completion of a class.

_____ Partial release
This student has permission by the parent/guardian to leave the classroom without a parent/guardian and find the student’s own transportation (including being picked up outside the building by a parent/guardian) at the completion of a class only on the following dates:
Dates authorized: __________________________________________________________
For dates not listed release is Guardian Only.

_____ Full release
This student has permission by the parent/guardian to leave the classroom without a parent/guardian and find the student’s own transportation (including being picked up outside the building by a parent/guardian) at the completion of a class.

Parent/Guardian initials: ______

Optional Photo ID Pick Up Request

I wish for the person picking up the youth to be asked to present a photo ID upon pick-up unless known to the instructor or staff present.
_____ Yes  _____ No

The following people, in addition to the emergency contacts listed on the Emergency Medical Authorization and Release Form, have permission to pick up the youth from Guild programs.

1. Name: ___________________________________________ Phone number: _______________
   Relation to youth: ________________________________
2. Name: ___________________________________________ Phone number: _______________
   Relation to youth: ________________________________

This list may be changed at any date with written notice submitted to Guild Education personnel.
Date: ____________________  Parent/Guardian: ________________________________