

LoveCanton Kids Family Registration



PARENT/GUARDIAN

First Name	Last Name	Birthday (m,d,y)	Relationship to child(ren)	Phone/Cell Number(s)

CHILDREN

First Name	Last Name	Boy/Girl	Birthday (m,d,y)	Age	Grade	Medicine Taken	Allergies and Medical Concerns/special instructions <small>(THIS INFORMATION WILL APPEAR ON NAME BADGE)</small>	School District

Parents address _____ City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____

MEDIA RELEASE:

As a participant at LoveCanton, I have been informed and understand, and grant permission to LoveCanton, or its designees, that my vocal, musical, voice over, name, likeness, image, appearance, choreographic or dramatic presentation performance, may be recorded as part of audio, visual or audiovisual recordings, including but not limited to recordings and/or CDs, DVDs and audio or audiovisual digital files, radio and/or television broadcasts, and Internet broadcasts in all formats known or hereafter known. I agree that LoveCanton is the sole owner of all rights to aforementioned recordings of my performances. I further agree that I will not assert any claim to any person or entity for royalties, residuals, or any other further compensation with regard to the making of the aforementioned recordings, and any exploitation (or public performances thereof) in all media, now or hereafter known (including broadcasts) without limitation. This agreement shall be binding on myself, my heirs, administrators, executors and assigns.

Please list the names of all people (other than parent/guardian above) authorized to pick up your child(ren). Drivers license required for ID.		
Name:	Phone# Cell#	Relationship to child
Name:	Phone# Cell#	Relationship to child

Emergency Contact: List the name of a person who you want to be contacted in the event of an emergency/illness if the parent/guardian cannot be reached. The person listed should be able to assist in locating the parent/guardian or must be able to take responsibility for the child in cases where the parent/guardian cannot be located. This person also has my permission to pick up my child(ren) in the event of an emergency. **Drivers license is required for identification.**

Name:	Phone# Cell#	Relationship to child
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_____ Yes, I give permission for media release

_____ No, I do **not** give permission for media release (**"No Pictures" will appear on name badge**)

Parent/Guardian Signature _____ **Relationship to Child(ren)** _____ **Date** _____