

**PERFORMER REGISTRATION AND CONTRACT**

Participant Name		Today's Date		Home Phone		E-mail Address		
Street Address			Mailing Address (if different)			City/ST		Zip
School		Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Language other than English? <input type="checkbox"/>		Does participant have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies		Special needs & additional comments						
Physicians Name		Phone Number		Insurance Company		Subscriber Name & Medical Number		
Parents Name(s)		Address (if different than above)			Home Phone		Cell Phone	
1. _____		1. _____			1. _____		1. _____	
2. _____		2. _____			2. _____		2. _____	
Emergency contact if parents cannot be reached			Home Phone			Cell or work		
1. _____			1. _____			1. _____		
2. _____			2. _____			2. _____		

**Injury/Illness Procedure**

If a participant is injured, appropriate first aid will be given, and 911 called as necessary. A parent/guardian will be notified as soon as possible. Authorization for emergency medical treatment must be signed prior to program participation. If a participant becomes ill, parent/guardians will be contacted to pick up youth as soon as possible.

**Liability**

The performer assumes responsibility for any damages or loss of equipment at The Den, as well as any damages caused to The Den's facility and equipment. While The Den provides volunteer security and does our best to keep performer's equipment safe, The Den is not liable for any such damages or theft.

**Participant Safety**

Because of concerns regarding damage to The Den facilities and equipment, as well as concern for the safety of crowd members, The Den cannot allow stage diving, crowd surfing, or aggressive dancing. Audience members taking part in any of these activities will be asked to stop and may be removed from the venue without re-entry. Furthermore, performers found encouraging these activities will be considered in breach of contract and may be required to leave the The Den facility immediately.

**Agreement of Mutual Respect**

GMVCC is a place where everyone can feel safe and respected. To achieve this, program participants will agree to the following:

- Treat others with respect, and respect the authority of paid and volunteer staff..
- Abide by GMVCC's "zero tolerance" policy for:
  - Use or possession of illegal substances, including alcohol, tobacco, drugs, and/or drug paraphernalia.
  - Illegal gambling.
  - Use or possession of weapons of any kind.
- Obey the general laws of the land.

For the safety and security of all, threatening the safety of one's self, another person or property, or failure to abide by the "zero tolerance" policy, will result in immediate removal from program.

\_\_\_\_\_  
*Participant Signature signifying understanding of performer contract*

\_\_\_\_\_  
*Date*

**Parent Permission** (if performer is under 18)

My signature below grants permission for \_\_\_\_\_ to participate in activities sponsored by the Greater Maple Valley Community Center (GMVCC), including field trips & transportation in approved vehicles (vans or designated staff car), and assume all risks and hazards of the conduct of these activities. I agree to hold harmless GMVCC, its officers, employees, volunteers and agents, from all liability including any and all claims stemming from injuries, damages or losses that may be incurred by participation in, &/or the transportation to/from, these activities. I also grant GMVCC permission to use photos that may be taken of participant during activities for use in various publications, including GMVCC newsletter, web site, press releases and other articles.

My signature below also authorizes GMVCC staff to obtain emergency medical treatment for \_\_\_\_\_ in the event that I cannot be reached, and such treatment is deemed necessary by medical professionals.

\_\_\_\_\_  
*Parent Signature authorizing program permission & medical treatment*

\_\_\_\_\_  
*Date*