



Northeast Performing Arts Group/N.E. Outreach Youth Center  
3431 Benning Road, N.E. Washington, DC 20019  
Office: (202) 388-1274 Email: [neperformingartsgroup1@outlook.com](mailto:neperformingartsgroup1@outlook.com)

## SUMMER ARTS CAMP 2020

**Date of Registration:** \_\_\_\_\_

**Child's Information:**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Ethnic Race: \_\_\_\_\_ Sex: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Child's Email: \_\_\_\_\_

**Parental Information:**

**Mother:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ward: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical:**

1. Does your child have any behavioral problems? \_\_\_ Yes \_\_\_ No

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2. Does your child have any medical problems? \_\_\_ Yes \_\_\_ No

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3. Does your child take medication? \_\_\_ Yes \_\_\_ No

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**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Consent to Pickup:**

Please note that your child will be allowed two (2) persons other than yourself for Consent to Pickup. Please be advised that every person given consent to pick up your child will have to present some form of picture identification.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Upon signing this form it is agreed that neither Northeast Performing Arts Group, nor any of its affiliates are responsible for any injuries sustained in within the facility or on field trips, knowing that all-possible care will be given for your child's safety.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parent's Consent Form for:  
Excursions & Transportation & Travel**

I \_\_\_\_\_ hereby give my child \_\_\_\_\_  
(Parent's Name) (Child's Name)

permission to attend all field trips, excursions and travel with Northeast Performing Arts Group/N.E. Outreach Youth Center. It is further understood that my child will depart from N.E. Outreach Youth Center 3431 Benning Road, N.E., Washington, DC 20019 by way of van, bus, or public transportation.

I understand that Northeast Performing Arts Group/N.E. Outreach Youth Center do not assume responsibility for any losses or injuries occurring on these trips or transportation and that my child travel at his or her own risk with the understanding that all possible care will be taken for the safety and well being of your child.

By signing this document this gives your permission and that you understand the terms and agree to the above statements.

\_\_\_\_\_  
(Signature of Parent Guardian) (Date)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**In case of Emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_



**TALENT RELEASE FORM**

**CONSENT TO PRODUCTION AND USE OF STILL AND MOVING PICTURES LIKENESS BOTH SOUND AND SILENT PICTURES, RECORDINGS, AND SOUNDTRACKS**

I, The undersigned, in exchange for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, hereby consent to the making of portraits, still or motion pictures of my appearance and/or recordings of my voice respecting the Event designated below; and I grant to Northeast Performing Arts, its successors, assigns, agents and licensees, all rights of every kind and character exploit or otherwise use in perpetuity my name and biographical and other information concerning me, and portraits, and any instrumental, musical, or other sound effects or voice utterances made or produced by me, and any copies thereof or there from in any manner whatsoever and in any medium or forum whether now known or hereafter devised, in whole or part, for any purpose, whether commercial and/or advertising in nature, and including without limitation, publication, distribution, theatrical and television or online display, at the sole discretion of NEPAG, its successors, assigns, agents, and licensees without limitation as to change, duration or frequency. NEPAG has no obligation whatsoever to use the name, voice likeness, and biographical information and/or other audio or video referenced herein, and this release should apply to said matter obtained by NEPAG within 30 days before and or after the Event, and regardless of the date of execution of this release. I hereby warrant that I am over the age of 18 years and have every right to contract in my own name in the above regard, or alternatively, I hereby warrant that I am the parent or legal guardian of the Minor designated below with full right and authority to execute this release with the respect to the subject matter hereof respecting the Minor. I waive any inspection or approval of the finished product, whether it be advertising, online content, television programming or any other matter, and I release NEPAG and any and all of their respective subsidiaries, affiliates, successors, assigns, agents and/or licensees from any liability or claim of any nature, including without limitation claims of copyright violation, invasion of privacy, alteration, optical illusion or faulty mechanical reproduction and likewise with respect to any distortion or illusion in sound reproduction. For the above purposes, the term "licensee" shall include but not be limited to one or more production companies retained by NEPAG. I have read the above authorization and release, prior to its execution, and I am fully familiar with the comments thereof.

Talent Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street Address

Phone: \_\_\_\_\_  
City, State, Zip

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

AGENCY USE: Witness \_\_\_\_\_

If talent not yet 18, please complete the following form:

I the undersigned, hereby warrant that I am the \_\_\_\_\_ \* of \_\_\_\_\_

A minor (the "Minor"), and have full authority to authorize the above Consent and Release which I have read and approved. I hereby release and agree to indemnify the NORTHEAST PERFORMING ARTS GROUP, their successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Consent and Release.

Signed in the presence of: \_\_\_\_\_  
Signature of Parent or Guardian

Witness \_\_\_\_\_ Date \_\_\_\_\_



## -Check Writing Agreement-

In order to write checks to **Northeast Performing Arts Group** – You **must** complete this form and a copy of your driver's license.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

**References:**

Name	Address	Phone

Name	Address	Phone

All information received will be confirmed.

By signing this document states that you understand and agree to all terms and conditions of writing any checks to Northeast Performing Arts Group and that you are aware of all terms and conditions of any returned or unpaid check(s) by your bank.

- 9 That all information given is true.
- 9 Northeast Performing Arts Group charges a fee of \$40.00 for **all** unpaid checks.
- 9 All dishonored checks must be paid within 5 working days after the check is returned by you bank and returned to NEPAG.
- 9 After 10 days on the date of your check, you name will be filed in the credit bureau and state attorney's office for fraud.
- 9 If you do not make this payment in full within 15 days, you agree to pay all filing fees, bank charges, collections fees, and attorney fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_