



Neighborhood Services
38250 Sierra Hwy., 2nd Floor
Palmdale, CA 93550
661/267-5126
Fax 661/267-5155

Art Development & Appreciation for Youth

38553 4th St. East, Palmdale, CA 93550 • 661/267-5930

STUDENT APPLICATION

Date: _____ Received by: _____ Date: _____

Student Name: _____

Male Female Birthdate: _____

School: _____ Grade: _____

Address: _____ Palmdale, CA 9355 _____

Parent/Guardian: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Emergency Information

Person other than Parent/Guardian to call in case of emergency if the Parent/Guardian cannot be reached:

First/Last Name: _____ Phone: _____

Relationship to student: _____

Please list any medical conditions or allergies you would like us to know about:

In the event I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Gabriel's House staff/instructors. I hereby give permission to the medical personnel selected by Gabriel's House representatives to secure any and all advised hospitalization. **Parent/Guardian Initials:** _____ **Date:** _____



Media Release and Release of Liability

Participants of Gabriel’s House may be photographed or videotaped and such photos and videos may be used to publicize the programs and activities at Gabriel’s House. Participants may be quoted or photographed for newspaper or other media. The City of Palmdale reserves the right to use the images and statements at its sole discretion.

Parent/Guardian Signature: _____ **Date:** _____

I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, the City of Palmdale and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I hereby agree to Gabriel’s House participation as set forth above on this
_____ **day of** _____, **20** _____.
_____, **20** _____

Parent/Guardian Signature: _____ **Date:** _____