

PROGRESSIVE ARTS  
YOUNG TALENT INFO SHEET

2023

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

Talent Birthday: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

School/Grade: \_\_\_\_\_

School dismissal: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Contact #'s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any medical/physical diagnosed or undiagnosed things that ProArts should know about. (Answers are confidential)

PRIOR EXPERIENCE: (it's fine if this is not applicable to your performer) dance/vocal/performing/modeling/cheerleading/etc.

ANYTHING YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD:  
Examples: loves to be a ham, has stage fright, plays guitar, etc.

## Liability Waiver Form

Despite all the precautions we take, we realize that participation in Progressive Arts could involve a possible personal injury. By signing this release form, the parent/guardian assumes all risk related to Progressive Arts and the use of any and all spaces used by Progressive Arts.

“I/we agree to release and hold harmless Kirsten and Seth Walker and Progressive Arts, and its counselors and the facilities used by them from any cause of action, claims, or demands for any personal injury or any personal property damage that might occur before, during or after workshops, lessons, and shows.”

“Furthermore, if I/we observe any unsafe conduct or conditions involving Progressive Arts, I/we agree to report the unsafe conduct or condition to Kirsten and/or Seth Walker as soon as possible.”

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

Safety and Medical Information

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

Persons permitted to pick up child:

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

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

In case of emergency (persons to be notified when the contacts listed about cannot be reached):

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

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

I give permission to consult the talents physician/health resource listed above in case of an emergency if parent or emergency contacts cannot be reached.

Parent/Guardian name:


Parent/Guardian signature:


Date:

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