



CB Cares Presents

Youth 2 Community music and arts series

CB Cares is looking for talented middle and high school students to sing, dance, play instruments, perform, act, create or design artwork, or read poetry or short stories for our Y2C events. This is a way to display creativity across our local CB communities! Any questions? Please contact Barbara Gross at 215-489-9120 or visit our website at www.cb-cares.org for up-to-date Y2C information!

Interested? Please fill out this form in its entirety and return it to:

CB Cares

Attn: Barbara Gross

Unit 5, Bailiwick

252 West Swamp Road

Doylestown, PA 18901

Fax: 215-489-9166



Thank You for Your Enthusiasm! We look forward to seeing you in action!

CB Cares Waiver of Liability and Consent to Treatment

The undersigned is/are the parent(s) or legal guardian(s) of _____ a minor, who desires to participate in the above-mentioned activity of Central Buck Cares.

I/we have been advised and I/we am/are aware that there is always the potential for risks and accidents, and knowingly give my consent to the participation of my/our child in such activities. I believe my/our child is physically and emotionally mature enough to minimize the risks inherent in such activities. In consideration of the participation of my child in these activities, I/we hereby release CB Cares, its officers, directors, employees, agents, independent contractors and volunteers from and waive any and claims, damages, causes of action and liabilities which I/we, my child or any other person may assert, arising from my child's participation in the activities of CB Cares.

In consideration of the participation of my/our child in the activities of CB Cares, I/we give permission to CB Cares or its officers, employees, agents, volunteers, or independent contractors to transport my child or to have him/her transported to a hospital or emergency facility for treatment. I/we further consent to have any such hospital or treating physician perform any procedure necessary and advisable.

Parent/Guardian's signature

Date



Youth Interest Form

Youth 2 Community Music & Arts Series
Central Bucks Cares

Name: _____ Age: _____

Street Address: _____

City: _____ Zip: _____

Phone (home): _____ (cell): _____

Email: _____

Web page: _____

Current School: _____ Grade: _____

Parent/Guardian Names: _____

Talent Genre: _____

Check all that apply:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Solo | <input type="checkbox"/> Acoustic | <input type="checkbox"/> Performing Art/Drama |
| <input type="checkbox"/> Group | <input type="checkbox"/> Electric | <input type="checkbox"/> Fine/Graphic Art |
| <input type="checkbox"/> Culinary Art | <input type="checkbox"/> Comedy | <input type="checkbox"/> Poetry/Short Story |
| <input type="checkbox"/> Personal Narrative | <input type="checkbox"/> Other | |

Name of Band/Group: _____

Other Members' Names:

Do you have your own equipment? YES or NO

I am available to perform: (check all that apply)

Various Weekday Days

Various Weekend Days

First Fridays - Month: _____