

FALL YOUTH PROGRAMS APPLICATION

Student Name _____ Email _____

Parent/Guardian Name _____ Email _____

Parent/Guardian Work/Cell Phone _____

Address _____ City _____

State _____ Zip _____

Phone _____

Grade (Fall '08) _____

Date of Birth _____ Gender M / F _____

School Attending _____ Art Teacher _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Relationship _____

Phone # Day _____ Evening _____

SATURDAY STUDIOS

1st choice _____

2nd choice _____

STUDIOS FOR TEENS IN ART AND DESIGN

1st choice _____

2nd choice _____

IN THE STUDIO

A PRE-COLLEGE COURSE FOR COLLEGE CREDIT

Lawrence

Boston

Scholarships

I am requesting a scholarship and have enclosed my \$25.00 program deposit. I have included a letter of support from my art teacher (or school principal) and my family financial information is below.

Annual Household Income: _____

Number of Family Members: _____

Please enclose your check payable to Massachusetts College of Art and Design or complete the credit card information below:

MasterCard/Visa # _____ Expiration date _____

Print cardholder's name _____

Signature _____

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PHOTOGRAPHY CONSENT

"I grant Massachusetts College of Art and Design permission to photograph and publish pictures of my son/daughter as he/she participates in the Program."

PARENT/GUARDIAN SIGNATURE

Date

FIGURE DRAWING CONSENT

For students enrolled in Saturday Studios 'The Figure' or 'Advanced Studios or in 'In the Studio' or Studios for Teens, 'Life drawing', signature indicates parental consent to the use of the nude models in class.

PARENT/GUARDIAN SIGNATURE

Date

Mail completed application to:

MassArt, Youth Programs
621 Huntington Ave.

Boston, MA 02115 USA

or fax to: (617) 879-7171

Please call: (617) 879-7174 or email

k12@massart.edu with any questions.

FIELD TRIP CONSENT

"I permit my child to attend and participate in field trips that are incorporated into this program."

PARENT/GUARDIAN SIGNATURE

Date

LIABILITY WAIVER

"I, the undersigned parent or guardian of _____, a minor, do hereby consent to my child's participation in this voluntary Youth Program and do forever release the Massachusetts College of Art and Design (including the Commonwealth of Massachusetts and the Board of Higher Education) and its trustees, officers, employees, agents, volunteers, successors, and assigns (collectively the "Releasees") from any and all liability, and waive any and all claims, for injury, loss or damage, including attorney's fees, in any way connected with my child's participation in the Youth Programs (the "Program"), whether or not caused by my child's negligence or other misconduct of the College or any of the Releasees. I forever release, acquit, discharge and covenant to hold harmless the Releasees from any and all causes of action and claims on account of, or in any way growing out of, directly or indirectly, my minor child's participation in the Program, including all foreseeable and unforeseeable personal injuries or property damage, further including all claims or rights of action for damages which my minor child may acquire, either before or after he or she has reached his or her majority, resulting from his or her participation in the Program. I agree to indemnify and to hold harmless the Releasees from all claims (in other words, to reimburse the Releasees and to be responsible) for liability, injury, loss, damage or expense, including attorneys' fees (including the cost of defending any Claim my child might make, or that might be made on my child's behalf, that is released or waived by this paragraph), in any way connected with or arising out of my child's participation in the Program."

PARENT/GUARDIAN SIGNATURE

Date

FALL YOUTH PROGRAMS

MEDICAL FORM

ETHNICITY SURVEY

- Non-USA Resident White Non-Hispanic Black Non-Hispanic
 Hispanic American Indian / Alaskan Native Asian / Pacific Islander
 Cape Verdean Mult ethnic Other I do not wish to report

ALL APPLICANTS MUST FILL OUT THIS MEDICAL FORM COMPLETELY.

Students will not be permitted to start the program until a completed medical form has been submitted.

Name of applicant

SPECIAL NEEDS (PLEASE DESCRIBE):

MEDICAL RELEASE/PARENTAL CONSENT FORM

"The parent/guardian signature confirms that the student is able to participate in the Program with reasonable supervision. I hereby grant Massachusetts College of Art and Design and its employees or designated agents my permission to take whatever actions they may consider necessary to safeguard my child's health and safety. Without further consent and at my own expense, I authorize Massachusetts College of Art and Design and its employees or designated agents, if necessary, to secure emergency medical treatment and services as a result of injury occurring during my child's participation in the program."

PARENT/GUARDIAN SIGNATURE

Date

MEDICAL INFORMATION/SIGNATURE

Under state law, all applicants are required to have current immunizations. All information given is kept confidential. Please provide the most recent date(s) for the following:

MMR:

Measles (Rubeola) 2 doses required ___ / ___ / ___ & ___ / ___ / ___

Mumps, 1 dose required ___ / ___ / ___

Rubella (German Measles) 1 dose required ___ / ___ / ___

Diphtheria/Tetanus (DPP or DTP until 13 years; DT or TD thereafter; must be within 10 years) ___ / ___ / ___

Please cite any known allergies to food, medication, insects, pollen, etc.

Is the participant currently under medical treatment or taking medication?
If so, please describe.

Name of doctor or nurse

Address

Insurance Company

Policy# (recommended)