

SATURDAY STUDIOS

SPRING 2012 APPLICATION

PROGRAM CONSENT

Parent/guardian permits the student to attend and to participate in field trips, and grants Massachusetts College of Art and Design permission to photograph and publish pictures of students as they participate in these programs.

Field Trips: Y N Photo Release: Y N

Parent/Guardian Signature _____

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 _____

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 _____

THE FIGURE AND ADVANCED STUDIOS CONSENT

For students enrolled in these classes, signature indicates parental consent to the use of nude models in this class.

Parent/Guardian Signature _____

SCHOLARSHIPS

I am requesting a scholarship and have enclosed a \$25.00 payment. 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: _____

REFUND POLICY:

Full program cost will be refunded if the request to drop is received in writing one week prior to the first class meeting. If cancellation is received after this date you will be responsible for the balance due.

MAIL COMPLETED APPLICATION TO:

MassArt, Youth Programs
621 Huntington Ave., Boston, MA 02115 USA
or fax to: (617) 879-7171

ETHNICITY SURVEY

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

Student Name _____

Parent/Guardian Name _____

Parent/Guardian Work/Cell Phone _____

Street Address _____

City _____ State _____

Zip _____ Telephone _____

Birth Date / / Gender M F Grade _____

Student Email _____ Parent Email _____

School _____ Art Teacher _____

SATURDAY STUDIOS Course Fee: \$150
(Photography and Animation: \$235, including lab fee)

1st choice _____

2nd choice _____

MEDICAL INFORMATION

Under state law, all participants are required to have up to date immunizations for the following: Diphtheria, Tetanus, and MMR (Measles, Mumps, Rubella). Parent/Guardian signature certifies that your son/daughter has the above immunizations.

Parent/Guardian Signature _____

Please list any known allergies to food, medications, insects, pollen, etc. Is your child currently under medical treatment or taking medication? If so, please explain.

Does your child have any special needs? If so, please explain. MassArt is committed to assisting all qualified students who are in need of "reasonable accommodation".

Medical Insurance Company _____

Policy# _____

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 _____ Date / /

Signature _____

I would like to make a tax-deductible contribution to MassArt's Youth Programs Scholarship Fund in the amount of \$_____.