

APPLICATION

SUMMER 2012

Student Name

SASID Number

(for students applying for Dual Enrollment funds)

Student Email

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Mobile Contact Number

Parent/Guardian Contact Number 2

Address

City/State/Zip

Phone

Grade (Spring '12)

Date of Birth

Gender M / F

School Attending

Art Teacher

School Address

SUMMER STUDIOS

JULY 23-AUGUST 18, 2012

GRADES 11 AND 12

I am applying for college credit.

I am a Massachusetts resident and applying for CDEP funds.

Guidance Councilor Signature

(Guidance Councilor assures that student will receive high school credit upon successful completion of Summer Studios.)

If my portfolio is not accepted to the credit-bearing section of Summer Studios please accept my application for the non-credit section of Summer Studios.

I am not applying for credit.

Please make your 1st, 2nd, and 3rd choices for Monday and Thursday, and your 1st, 2nd and 3rd choices for Tuesday and Friday.

MONDAY AND THURSDAY

- Architectural Design
- Ceramics
- Mixed Media
- Graphic Design
- Painting from Observation
- Fashion Design

TUESDAY AND FRIDAY

- Experimental Animation
- Drawing from Observation
- Illustration
- Jewelry and Metalsmithing
- Photography
- Screen Printing

BILLING AND PAYMENT

SUMMER 2012

Student Name

BILLING INFORMATION (PARENT/GUARDIAN)

Name

Address

City/State/Zip

AGREEMENT

The signed application indicates that the parent/guardian is responsible for all financial costs incurred by the student while at Massachusetts College of Art and Design. I certify that all information provided is true.

Parent/Guardian Signature

Date

HOUSING IN SUMMER STUDIOS

I would like to register to stay in Smith Hall during the Summer Studios Program and have included an additional \$200 deposit with my application. MassArt cannot guarantee Artists' Residence space.

SCHOLARSHIPS

To be considered for a scholarship, please submit a copy of your family's 2011 tax return with your application. Scholarships are based on financial need and are available on a first-come first-serve basis.

I am requesting a scholarship and have enclosed my \$100 program deposit.

Required financial information is attached.

MAIL COMPLETED REGISTRATION TO:

Youth Programs
Massachusetts College of Art and Design
621 Huntington Avenue
Boston, MA 02115

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

MasterCard/Visa #

Print cardholder's name

Expiration date

Signature

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

CONSENT FORM

SUMMER 2012

Student Name

FIELD TRIP CONSENT

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

Parent/Guardian Signature

Date

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 Summer Studios. Signature indicates parental consent to the use of nude models.

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

MEDICAL FORM

SUMMER 2012

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

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):

MassArt is committed to assisting all qualified students who are in need of "reasonable accommodation."

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 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

Date

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.

Insurance Company

Policy# (recommended)