YOUTH PROGRAMS / SPRING PORTFOLIO DEVELOPMENT REGISTRATION

STUDENT INFORMATION	ETHNICITY SURVEY Non-USA Resident American Indian / Alaskan Native Multi-ethnic Other	Black Non–Hispanic Asian / Pacific Islander I do not wish to report
	Student Name	Grade (Fall '18)
	Nickname/Preferred Name	Date of Birth
	Student Email	Gender M / F / NB If your gender identity is different than the sex you indicated
	Parent/Guardian Name	above, please feel free to describe your gender identity here.
	Parent/Guardian Email	
	Parent/Guardian Mobile Contact Number	
	Parent/Guardian Contact Number 2	School Attending
	Address	Art Teacher
	City/State/Zip	Art Teacher Email
	Student Cell/Mobile Number	School Address
SPRING PORTFOLIO	Please select one class.	
DEVELOPMENT	Observational Drawing GRADES 9–12	
MAR 1 – MAY 3, 2019 NO CLASS APRIL 19	Visual Thinking GRADES 9–12	
FRI, 4:30PM-7:30PM GRADES 9-12		

PROGRAM COST: \$510

YOUTH PROGRAMS / SPRING PORTFOLIO DEVELOPMENT REGISTRATION

REGISTRATIONS MISSING PARENT/GUARDIAN SIGNATURES ARE CONSIDERED INCOMPLETE *** BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE ***

CONSENT FORM

MEDICAL FORM

	LIABILITY WAIVER "I, the undersigned parent or guardian of
Student Name	, the undersigned patent or guardian or
FIELD TRIP CONSENT "I permit my son/daughter to attend and participate in fiel that are part of this program."	Massachusetts and the Board of Higher Education) and its trustees officers, employees, agents, volunteers, successors, and assign:
Parent/Guardian Signature Date	(collectively the "Releasees") from any and all liability, and waive any and all claims, for injury, loss or damage, including attorney
PHOTOGRAPHY/VIDEO CONSENT "I grant Massachusetts College of Art and Design per to photograph/video and publish pictures of my son/daugi he/she participates in the Program."	fees, in any way connected with my child's participation in th Youth Programs (the "Program"), whether or not caused by m child's negligence or other misconduct of the College or any of the Releasees. I forever release, acquit, discharge and covenar 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 of indirectly, my minor child's participation in the Program, includinall foreseeable and unforeseeable personal injuries or propert
Parent/Guardian Signature Date	damage, further including all claims or rights of action for damages
OBSERVATIONAL DRAWING MODEL CONSENT Signature indicates parental consent to the use of nude models class.	harmless the Releasees from all claims (in other words, to reimburse the Releasees and to be responsible) for liability, injury
Parent/Guardian Signature Date	loss, damage or expense, including attorneys' fees (including the cost of defending any Claim my child might make, or that migh 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
ALL APPLICANTS MUST FILL OUT THIS MEDICAL FORM COMPLETELY. Students will not be permitted to start the program until a con medical form has been submitted.	MEDICAL INFORMATION/SIGNATURE Under state law, all participants are required to have up-to-date immunizations for the following: Diphtheria, Tetanus, and MMF (Measles, Mumps, Rubella). Parent/Guardian signature certifies that your son/daughter has the above immunizations.
Name of applicant	Parent/Guardian Signature Date
AMERICANS WITH DISABILITIES ACT (ADA) REQUESTS: MassArt is committed to assisting all qualified students who need of reasonable accommodations in their coursework. Acc dation requests must be received in writing to Youth Program weeks prior to the start of the program. **Please note this ir tion needs to be updated with each registration. Accommo	are in mmo- Please cite any known allergies to food, medication, insects three pollen, etc. **Please note this information needs to be updated orma- with each registration.
MEDICAL RELEASE/PARENTAL CONSENT FORM	Is the participant currently under medical treatment or taking medication? If so, please describe. **Please note this information needs to be updated with each registration.
"The parent/guardian signature confirms that the student to participate in the Program with reasonable supervision. I grant Massachusetts College of Art and Design and its emport designated agents my permission to take whatever action may consider necessary to safeguard my child's health and Without further consent and at my own expense, I authorize chusetts College of Art and Design and its employees or designents, if necessary, to secure emergency medical treatme	ereby oyees sthey safety. Aassa- nated t and
services as a result of injury occurring during my child's pa tion in the program."	Name of doctor or nurse
Parent/Guardian Signature Date	Insurance Company

YOUTH PROGRAMS / SPRING PORTFOLIO DEVELOPMENT REGISTRATION

BILLING AND PAYMENT

	SCHOLARSHIPS
Student Name BILLING INFORMATION (PARENT/GUARDIAN)	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.
Name	Annual Household Income
Address	Number of Family Members I would like to pay my scholarship deposit by credit card.
City/State/Zip	Please send me a link via email to pay online.
AGREEMENT The signed registration 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.	PAYMENT Please enclose your check or money order payable to Massachusetts College of Art and Design (MassArt). If you would like to pay the course fee by credit card, please check the box below. Once your application has been processed, you will receive an email with a link to our secure payment system.
Parent/Guardian Signature Date	I would like to pay by credit card. Please clearly write the email address of the person responsible for payment:
	Email

REGISTRATIONS MISSING PARENT/GUARDIAN SIGNATURES OR DEPOSITS ARE CONSIDERED INCOMPLETE

BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE BEFORE SUBMITTING YOUR REGISTRATION FORMS

Fax your completed registration to: 617-879-7171

Attn: Youth Programs Coordinator

or

Email completed registration to: k12@massart.edu

or

Mail completed registration to: Youth Programs Massachusetts College of Art and Design 621 Huntington Ave. Boston, MA 02115