

STUDENT INFORMATION

ETHNICITY SURVEY

- | | | | |
|-----------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Non-USA Resident | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Multi-ethnic | | <input type="checkbox"/> 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 above, please feel free to describe your gender identity here. |
| Parent/Guardian Name | |
| 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 |

XTREME!WEEK

APRIL 15-19, 2019

GRADES 7-12

PRICE: \$610

Please indicate 1st and 2nd choices for April. If your 1st choice class is full at the time of registration, you will be placed in your 2nd choice class.

APRIL XTREME!WEEK

- Fashion Intensive GRADES 7-12
- Drawing and Portfolio Development GRADES 9-12

REGISTRATIONS MISSING PARENT/GUARDIAN SIGNATURES ARE CONSIDERED INCOMPLETE

*** BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE ***

CONSENT FORM

Student Name

FIELD TRIP CONSENT

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

Parent/Guardian Signature Date

PHOTOGRAPHY/VIDEO CONSENT

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

Parent/Guardian Signature Date

FIGURE DRAWING CONSENT

Signature indicates parental consent to the use of nude models in the Drawing and Portfolio Development class.

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

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

AMERICANS WITH DISABILITIES ACT (ADA) REQUESTS:

MassArt is committed to assisting all qualified students who are in need of reasonable accommodations in their coursework. Accommodation requests must be received in writing to Youth Programs three weeks prior to the start of the program.

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.

Name of doctor or nurse

Insurance Company

Policy# (recommended)

BILLING AND PAYMENT

Student Name

BILLING INFORMATION (PARENT/GUARDIAN)

Name

Address

City/State/Zip

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.

Parent/Guardian Signature

Date

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

I would like to pay my scholarship deposit by credit card. Please send me a link via email to pay online.

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.

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 ARE CONSIDERED INCOMPLETE

*** BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE ***

Please email your completed registration to:
k12@massart.edu

or

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