

YOUTH PROGRAMS / PORTFOLIO DEVELOPMENT REGISTRATION

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

Parent/Guardian Name

If your gender identity is different than the sex you indicated 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

PORTFOLIO DEVELOPMENT

OCT 5 - DEC 14, 2018
NO CLASS NOV 23

FRI, 4:30PM-7:30PM
GRADES 9-12

PROGRAM COST: \$510

Please select one class.

Observational Drawing GRADES 9-12

Visual Thinking 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

OBSERVATIONAL DRAWING MODEL CONSENT

Signature indicates parental consent to the use of nude models in this 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. **Please note this information needs to be updated with each registration. Accommodation requests are not kept on file.

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. **Please note this information needs to be updated with each registration.

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.

Name of doctor or nurse

Insurance Company

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 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