

# MuralArtsProgram

## ARTSCAPE STUDENT APPLICATION 2006-2007

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Home Phone #: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_ Student Email \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent Work Phone #: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

Parent's email: \_\_\_\_\_ How often do you check email? Frequently \_\_\_ Not often \_\_\_

Site \_\_\_\_\_

### EMERGENCY CONTACT PERSON (MUST BE SOMEONE OTHER THAN GUARDIAN)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### MEDICAL INFORMATION

Does the participant have any allergies or medical conditions? \_\_\_\_\_

Health Insurance coverage for child or medical assistance benefits: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Child's physician/medical care provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### COMMUNITY SERVICE INFORMATION

Referring Monitor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Required Hours: \_\_\_\_\_ District #: \_\_\_\_\_ Return To Panel Date: \_\_\_\_\_

Please read and sign the below permission releases. Leaving the boxes blank below implies you are giving Mural Arts authorization for these releases.

<p><b>Trips Release</b>                  "I give permission for my child/ ward to be transported on field trips while at the Mural Arts Program."                  Parent/Guardian Signature _____                  Yes _____ NO _____</p>	<p><b>Media Release</b>                  "I hereby grant permission to record my child's/ward's likeness and/or voice for any use by television, films, radio, web pages or printed media to further the Mural Arts Program in related campaigns, articles, booklets, posters, and in any other way they see fit."                  Parent/Guardian Signature _____                  Yes ___ No ___</p>	<p><b>Evaluation Release</b>                  "I hereby grant permission for my child/ ward to participate in an evaluation of the program involving written questionnaires."                  Parent/Guardian Signature _____                  Yes _____ No _____</p>
<p>I allow my child/ward to obtain emergency medical care.                  Parent/ Guardian Signature _____ Yes ___ No ___</p>	<p>I allow my child/ward to receive minor first aid procedures.                  Parent/ Guardian Signature _____ Yes ___ No ___</p>	