



# AIR REGISTRATION FORM

## PARTICIPANT INFORMATION

Legal Name: \_\_\_\_\_ Preferred Name & Pronouns (if you want to share): \_\_\_\_\_

Participant Cell Phone #: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Home Address and Mailing Address, if different (Street, City, State, Zip Code): \_\_\_\_\_

School: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade\*: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*For summer programs please enter the grade you will begin in September.*

How did you hear about us? \_\_\_\_\_

Are you interested in any specific program(s)? \_\_\_\_\_

What do you hope to gain or learn from AIR? \_\_\_\_\_

What are some of your favorite things to do (activities, hobbies, etc.)? \_\_\_\_\_

What support(s) will you need to access our programs, if any? ☐ Transportation ☐ Technology (to access Zoom)

## PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian 1: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Name of Parent/Guardian 2: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

☐ YES ☐ NO I would be able to help carpool for in-person programs.

☐ YES ☐ NO I give permission for AIR to take photographs and/or video footage of my child and/or their artwork during AIR programs and for my child's first name and/or photo to be published in media for no compensation.

☐ YES ☐ NO Please make sure I receive AIR's E-Newsletter updates to hear about upcoming programs and events.

## EMERGENCY CONTACT

Please provide the following information for an individual **who is not the participant's parent/guardian and who does not live with the participant**. AIR staff will only contact this person in the case of an emergency if the parent/guardian(s) cannot be reached.

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## STATEMENT OF INCLUSION

AIR creates a safe and inclusive community that welcomes and values differences in abilities, culture, ethnicity, gender expression, race, religion, personal experience, sexual orientation, and socioeconomic status.

## MEDICAL INFORMATION

The following questions allow the staff of Arts In Reach to ensure that our programs are a good fit for your child. We take privacy seriously. Answers to these questions are held in strict confidence.

☐ YES ☐ NO I give permission for AIR staff to administer basic first aid to my child in the case of injury and administer Acetaminophen, cough drops, or Ibuprofen to my child.

☐ YES ☐ NO My child has a primary care doctor. Insurance Provider/Policy #: \_\_\_\_\_

☐ YES ☐ NO My child has a therapist/counselor. Therapist/Counselor Name: \_\_\_\_\_

\*Current Medications: \_\_\_\_\_

*\*This is for emergency purposes only. AIR staff are not trained to administer medications and do not have legal authority to do so.*

Known Allergies: \_\_\_\_\_

Please specify any applicable challenges or diagnoses (e.g. physical, learning, behavioral, mental health). \_\_\_\_\_

Please specify any accommodations your child receives at school. \_\_\_\_\_

How does your child work in a group setting? Is there anything else you'd like us to know? \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

AIR uses the information in this section for statistical purposes, program planning, and to describe the population who participate in AIR.

What is your child's race? \_\_\_\_\_

Does your child qualify for free or reduced lunch at school? ☐ YES ☐ NO

What is the annual income level in your household?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$0 - \$19,999      | <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$40,000 - \$49,999  |
| <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$70,000 - \$79,999 | <input type="checkbox"/> \$80,000 and greater |

How many members are in your household? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+

If your child lives in a single guardian household, who heads it? \_\_\_\_\_

What is the education level of each parent/guardian?

- |                    |  |  |  |
|--------------------|--|--|--|
| Parent/Guardian 1: | <input type="checkbox"/> Some High School      | <input type="checkbox"/> High School Diploma   | <input type="checkbox"/> Some College    |
|                    | <input type="checkbox"/> 2-Year College Degree | <input type="checkbox"/> 4-Year College Degree | <input type="checkbox"/> Graduate Degree |
| Parent/Guardian 2: | <input type="checkbox"/> Some High School      | <input type="checkbox"/> High School Diploma   | <input type="checkbox"/> Some College    |
|                    | <input type="checkbox"/> 2-Year College Degree | <input type="checkbox"/> 4-Year College Degree | <input type="checkbox"/> Graduate Degree |

## CONSENT FORM AND RELEASE OF LIABILITY DISCLAIMER

I understand and certify that my child's ("my child" refers to all AIR participants both minor and 18+) participation at Arts in Reach (hereafter referred to as AIR) is completely voluntary.

I understand that space in AIR programs is limited. AIR programs may not be the best fit for every teen, and registration for AIR programs is not guaranteed. AIR prioritizes registration for teens from lower-resource households and marginalized communities.

I recognize that a wide variety of activities related to the arts or community building will take place. I acknowledge that mature topics may be discussed formally and informally during my child's participation at AIR. Topics include but are not limited to: body image, bullying, current events, emotions, gender, goal setting, mental and physical health, personal experience, relationships, self-discovery, self-esteem, self-expression, sexual identity, stereotypes, substance use prevention, and values.

Although AIR and the outside public/private venues selected to host the programs have taken safety precautions, I recognize that AIR, its representatives, or employees and these organizations cannot ensure or guarantee that participants, equipment, or personal belongings will be free of hazards, accidents, and/or injuries. I will not hold AIR responsible for any lost or stolen items of mine or my child's while at AIR programs or outings.

In consideration of my child's participation, I hereby release AIR, its representatives, or employees from any present and future claims from negligence arising as a result of this my child's participation in AIR program activities, transportation, and additional AIR sanctioned outings. I understand that my child's participation in AIR programs activities have inherent foreseeable and unforeseeable risks and dangers associated with them.

I hereby assume all risk of injury or death and damage to my child's person or property during the course of any AIR activity, or thereto, whatever or however the above may occur. I hereby voluntarily waive any and all claims resulting from negligence, both present and future that may be made by me, my family, estate, heirs, or assigns. I agree to indemnify and hold harmless AIR, its representatives, or employees if loss, threatened loss, or expense from negligence were to occur.

I further recognize and have instructed my child in the importance of knowing and abiding by the program's rules, regulations, and procedures for the safety of participants. I give AIR permission to conduct random searches for drugs, alcohol, missing items, and/or weapons on my child and/or their belongings while attending all AIR programs and outings. I understand that AIR is an out-of-school provider required to report any suspected abuse (PAST or PRESENT) of participants to the Division for Children, Youth and Families (DCYF) for potential investigation.

I give AIR, its representatives, or employees permission to transport my child to and from AIR programs and additional AIR outings and release both the organization and individuals from responsibility in case of an accident.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by AIR, its representatives, or employees to order routine tests or treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary emergency transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by AIR, its representatives, or employees to secure and administer treatment, including hospitalization for my child.

AIR is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of AIR, its representatives, or employees.

I hereby acknowledge that if any provision(s) of this agreement shall be held to be invalid, illegal, and unenforceable or in conflict with the law of any jurisdiction, the validity, legality, and enforceability of the remaining provision(s) shall not in any way be affected or impaired thereby. I affirm that I am the parent or legal guardian of this child and am freely agreeing to these terms. I have read this form and fully understand that by signing this form, I am waiving legal rights and or remedies, which may be available to me for the negligence of AIR, its representatives, or employees. This form may be photocopied for trips off the property.

By signing below, I acknowledge that I have read and understand the above statements.

**PRINTED PARENT/GUARDIAN NAME:** \_\_\_\_\_  
(or self if over 18)

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_  
(or self if over 18)

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_