



Arts In Reach Teen Registration Form 2024

The questions on this form help us to understand the diverse needs and backgrounds of our participants. The information you provide on this form is strictly confidential and will not be shared with anyone outside of Arts In Reach (AIR).

PARTICIPANT INFORMATION

Participant Name (first and last): _____

Pronouns: _____

Participant Cell Phone # (if available): _____

Participant Email: _____

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

School: _____

Participant Date of Birth: _____

Current Grade*: _____

**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.)? They don't have to relate to art!

GUARDIAN INFORMATION

Name of Guardian 1: _____

Relationship to Participant: _____

Email: _____

Primary Phone #: _____

Alternate Phone #: _____

Preferred Method(s) of Contact: Email Phone Call Text

Name of Guardian 2: _____

Relationship to Participant: _____

Email: _____

Primary Phone #: _____

Alternate Phone #: _____

Preferred Method(s) of Contact: Email Phone Call Text

Participant lives with: _____

Does your teen need transportation to/from programs?

- Yes, it is necessary It would be appreciated but it's not required
 No It depends on program time and location



I may be able to help carpool for programs*.

**This question is about your general availability to help. If we need to arrange a carpool for a program, we would reach out to ask if you'd be available.*

Please make sure I receive AIR's e-newsletter to hear about upcoming programs and events.

I give AIR permission to take photos and video footage of my teen 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, I give permission

I give permission with the following conditions: _____

No, I do not give permission

EMERGENCY CONTACT

AIR needs to have an emergency contact who is not a parent/guardian and 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: _____

Primary Phone #: _____ Alternate Phone #: _____

HEALTH AND WELLBEING INFORMATION

I give permission for AIR staff to administer basic first aid to my teen in the case of injury and administer Acetaminophen, cough drops, or Ibuprofen to my teen.

My teen has a primary care doctor. Insurance Provider/Policy #: _____

My teen has a therapist/counselor. Therapist/Counselor Name: _____

Current Medications*: _____

**This can help us understand how to support your teen in a program setting. AIR staff are NOT trained to administer meds and do not have legal authority to do so. Medication information will only be shared with medical providers in event of an emergency.*

Do you have any dietary restrictions or allergies that require accommodations? Yes No



If yes, please describe these restrictions or allergies. _____

It's important you complete this next question in full so we can determine whether we can safely support your teen. If we experience an emergency due to known information being withheld, your teen may not be allowed to participate in AIR in the future.

Please share any additional health and well-being information about the teen that you feel would be helpful for the AIR staff and volunteers to know so that they can help create the best experience possible. *We strive to support teens with various medical conditions, allergies, abilities & behavioral/emotional differences—with adequate notice. Questions about whether AIR can support your teen? Please email info@artsinreach.org.*

SOCIO-DEMOGRAPHIC INFORMATION

The next 6 questions must be completed to be eligible for consideration. AIR can provide programs at no cost thanks to our fundraising efforts. Foundations & grantors require us to collect information on those we serve. *Arts In Reach holds your privacy with the utmost respect. Any socio-demographic data reported to funders is shared as an aggregate with no personally identifiable information.*

Race: _____ Ethnicity: _____



Does your teen qualify for free or reduced lunch at school? ___ Yes ___ No

What is the annual income 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"/> 80,000-89,999 | <input type="checkbox"/> 90,000-99,999 | <input type="checkbox"/> 100,000+ |

How many people are in your household? _____

If your teen lives in a single-guardian household, who heads it? _____

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 submitting a registration form does not guarantee enrollment in an AIR program. AIR prioritizes registration for teens from lower-resource households and marginalized communities.

I recognize that a wide variety of activities related to the arts and 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, critical thinking, current events, emotions, gender identity, 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 any 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 and activities have inherent foreseeable and unforeseeable risks and dangers associated with them.



I hereby assume all risk of illness, 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 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.

I understand the above statement and 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.

PARENT/GUARDIAN SIGNATURE
or PARTICIPANT SIGNATURE IF 18+ YEARS OLD:

Date