



ArtSeed
 Box 29277, San Francisco, CA 94129-0277

ArtSeed Summer Intensive 2011 Student Application

The following application is for ArtSeed's June 27-July 1, 2011, weekdays 9am-5pm Summer Arts Intensive at Pine United Methodist Church. Students 10-18 yrs of age will have a full week of fun and learning in the arts! They will learn traditional and experimental fine arts skills, meet and/or visit artist studios and galleries on field trips and will produce work to be shown in a culminating art exhibition.

(Please print clearly)

Student Information:

Student's Name: _____ Date of Birth: _____

How have you come to know about ArtSeed? _____

Parent/Guardian's Name: _____

Mailing Address: _____ Zip _____

Email Address: _____

Home Phone Number: _____ Parent/Guardian Work Phone Number: _____

School: _____

(In Case Of Emergency) Please list below the person to contact and phone number:

Name: _____

Relationship to student: _____

Emergency Phone Contact(s): _____

Address: _____

Scholarship Application:

The full cost of the program per student/per week is \$350.00 (this includes snacks, professional grade art supplies, and field trips) If the full cost of the program would be a financial hardship to your family, you may be eligible to apply for a full or partial scholarship.

Are you interested in discussing this with us? Yes No (please circle one)

If yes, what amount, if any, would you be able to contribute to support your youngster's participation in the program? \$ 250 \$200 \$ 150 \$100 \$50 \$20 (please circle one)

To reserve a place, this form must be filled out and sent in by parents or guardians before the first day of ArtSeed's Summer Intensive. Partial and full scholarships to cover the \$350 cost will be offered on a first come, first serve basis or on an ArtSeed merit or sliding scale basis. For questions call: 415-409-1761 or email: josefa@artseed.org

Parent/Guardian Permission Form

Section I: I give _____ permission to participate in ArtSeed's
 (Name of Student.)

2011 Summer Fine Arts Intensive. I understand that we may be going to urban areas in transition that have incidents of gang-related activities and properties that have been identified as containing environmental hazards.

I also give permission for the above-named student to participate in the following activities offered by the ArtSeed Program, through Josefa Vaughan and her associates:
 (Please circle "Yes" or "No" for each activity listed.)

- 1. To go to the Hunter's Point Naval Shipyard and.....Yes No
 Mission District art studios.
- 2. To go on pre-arranged field trips.....Yes No
- 3. To travel by car (if available) to art studios and on field.....Yes No
 trips.
- 4. To travel by public transportation to art studios and on field.....Yes No
 trips.
- 5. To participate in supervised outdoor activities.....Yes No
- 6. To take supervised neighborhood walks.....Yes No
- 7. To work at ArtSeed's Presidio office.....Yes No

At the end of the day (ArtSeed Program activity):

A. This student (name listed above) has my permission to leave the ArtSeed Program alone without a parent/guardian or a designated adult to pick him/her up. (Please circle "Yes" or "No.") Yes No

B. This student (name listed above) does NOT have my permission to leave the ArtSeed Program alone. He/she will be picked up by one of the following designated individuals:

 (Name) (Address) (Telephone #)

 (Name) (Address) (Telephone #)

- (1) I can/will help in the classroom YES NO
- (2) I can/will help on field trips: YES NO
- (3) I can/will donate materials or my expertise in the following areas (Please list below):

Section II: The ArtSeed Program requires that each student's parents/guardians understand and accept its policies on the following issues. Please read the policies listed below and sign your name below to indicate your understanding and acceptance of these policies.

Discipline Policy – A student's disregard of the ArtSeed program rules will result in a temporary or permanent suspension from its program. If the student's behavior is consistently unacceptable, ArtSeed reserves the right to dismiss the student from the program permanently.

Special Needs? –(Circle one: Yes or No) Any special behavioral, physical, emotional, psychological or medical needs of the student should be clearly discussed with Josefa Vaughan and her associates by the parent/guardian. Please explain your special needs clearly in a telephone call, an email or write it down on an attached page or on the back of this application.

Permission for Medical Treatment – In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff and the ArtSeed staff/volunteers may take appropriate action as needed for the student.

Preferred Medical Emergency Center: _____

Exposure to Sensitive Art Materials or Subject Matter – Students participating in the ArtSeed Program may be exposed to sensitive materials (art supplies) or subject matters. ArtSeed encourages students and parents/guardians to let its instructors know when an art material or subject matter is uncomfortable for them. It is the responsibility of the student, and parent/guardian to communicate this to the ArtSeed instructors.

Photographs/Media/Artwork Waiver - I give permission to ArtSeed to use photographs, videotapes, film, and audiotapes in which my son or daughter appears. ArtSeed may retain 50% of any sale and may reproduce the art work and/or writings he/she produces as a participant in the ArtSeed Program. ArtSeed may use this art in published materials, in other works of art, and on the Internet (World Wide Web) for artistic, education, and publicity/promotional purposes for or related to the ArtSeed Program

General Release of Liability – The undersigned agrees to release, waive, discharge, and hold harmless ArtSeed, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from any injury or death, illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation in the ArtSeed program.

I ACKNOWLEDGE THAT THIS GENERAL RELEASE OF LIABILITY OF ARTSEED IS BINDING ON ME PERSONALLY AND ON MY HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE ARTSEED PROGRAM PARENT/GUARDIAN PERMISSION FORM. I UNDERSTAND AND AGREE TO THE POLICIES AS STATE ABOVE.

Parent/Guardian Signature: _____ Date: _____
(on behalf of student)

Print Name of Parent/Guardian: _____

ArtSeed is a non-profit tax-exempt fine arts / youth leadership organization under Internal Revenue Code 501(c)(3) and Revenue and Tax Code 27301d. Your charitable contribution to ArtSeed, made without expectation of material benefit, is therefore fully tax-deductible. These determination letters are available for your inspection at ArtSeed's office located at 1007 General Kennedy Ave. in San Francisco. Our Employer Identification Number is: 52-2368513

Email: josefa@artseed.org, **Web site:** www.artseed.org, **Tel:** 415-409-1761, **Tel/Fax:** 415-561-6301

ArtSeed is a volunteer-based and tax-exempt nonprofit charity. Our mission is to bring diverse communities together through innovative fine arts projects and long-term artist/youth studio apprenticeships. Our programs foster pride and professionalism, nurture tolerance and leadership while inspiring a life-long love of learning.