



P.O. Box 29277, San Francisco, CA 94129-0277

ArtSeed Fine Arts Summer Intensive Camp 2025 Participant Registration

July 7-12, 2025 (Monday-Friday, 10am-3pm, Saturday, 3-5pm) for youth (ages 8-18) after a participant/parent/guardian interview.

Best days and times for participant interview: 1) _____ 2) _____

For Volunteers: please list days and hours you are available: _____

Your Camp Role: student, teacher, volunteer, other? _____ Expectations: _____

Participant or Presenter Information:

Name: _____ Phone(s): _____ Birthday: _____

School: _____ How did you hear about ArtSeed? _____

Parent/Guardian(s) (if applicable) _____ Phone: _____ Email: _____

Address: _____

Emergency Contact (different from above): _____ Email: _____

Phone(s): _____ Relationship to Participant: _____

Address: _____

Special interests or needs?: _____ Please indicate any sensitivities to subject matter or allergies to food/materials: _____

Parent/Guardian Permission Form (if applicant has special needs or is under 18 years old)

_____ is authorized to participate in ArtSeed's Fine Arts Summer Intensive.
(Name of Participant)

I understand that we may be going to urban areas in transition that have incidents of gang-related activities and properties that may have been identified as containing environmental hazards. **Items 1-4 are by pre-arrangement and only with local COVID-19 best practices in place for ArtSeed participants, Josefa Vaughan, and her associates.** (Please circle "Yes" or "No" for activities listed.)

- 1. To go to the Hunters Point Naval Shipyard and Mission District art studiosYes No
- 2. To go on fieldtrips to Museums and GalleriesYes No
- 3. To travel by car (if available) to art studios and on fieldtripsYes No
- 4. To travel by public transportation to art studios and on fieldtripsYes No
- 5. To participate in supervised outdoor activitiesYes No
- 6. To take supervised neighborhood walksYes No
- 7. To work at ArtSeed's Presidio WorkspacesYes No

At the end of the day this participant (name listed above) is authorized to leave the ArtSeed Program alone without a parent/guardian or a designated adult to pick them up. (Please circle "Yes" or "No.") Yes No

This participant (name listed above) does NOT have authorization to leave the ArtSeed Program alone. They will be picked up by one of the following designated individuals:

(Name) (Address) (Telephone #)

(Name) (Address) (Telephone #)

(1) I can/will help in the lessons: 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):

Scholarships and sliding scale tuition available: Program fees (\$500/wk per student) include supplies and snacks. No one is turned away for lack of funds! Call Josefa at 415-656-9849 if you have any problems related to finances, transportation, or disability. Let us know what you can afford to pay. Final awards require submitting 2 written paragraphs describing: 1) parent/guardian challenges; 2) participant's desire to enroll. Please address letters to josefa@artseed.org and make checks payable to ArtSeed, (P.O. Box 29277, San Francisco, CA 94129). Applicants preferring electronic registration can also use PayPal to pay for their tuition online. Additional support for the Intensive can also be given online by indicating "Summer Camp" on the Donation Form by clicking our homepage [Donate](#) icon.

ArtSeed requires that each participant 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 participant's disregard of ArtSeed rules will result in temporary suspension. Repeated disregard of ArtSeed's collaboratively made agreements may result in permanent suspension.

Special Needs – Any special behavioral, physical, emotional, psychological or medical needs of participants should be clearly discussed with Josefa Vaughan and her associates. Please explain your special needs clearly in a telephone call, an email, or write it down on an attached page.

Permission for Medical Treatment – In the event of an emergency medical staff and ArtSeed staff/volunteers may take appropriate action as needed for the participant. Preferred Medical Emergency Center: _____

Exposure to Sensitive Art Materials or Subject Matter – Participants may be exposed to sensitive materials (art supplies) or subject matter. ArtSeed encourages participants or parents/guardians to let its instructors know when an art material or subject matter is uncomfortable for them. It is the responsibility of the participant or parents/guardians to communicate this to ArtSeed.

Photographs/Media/Artwork Waiver – I give permission to ArtSeed to make and use photographs, videotapes, film, and audiotapes in which I or my child appear, or my artwork or my child's artwork appears. ArtSeed may use all of these in published materials, in other works of art, and on the Internet (World Wide Web) for artistic, educational, and publicity/promotional purposes. ArtSeed may retain 50% of any sale of my artwork or my child's artwork, and may reproduce, sell, and retain 50% of any sale of a reproduction of the artwork and/or writings I or they produce as a participant.

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 illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation in ArtSeed.

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 THIS ARTSEED PARTICIPANT/PARENT/GUARDIAN PERMISSION FORM. I UNDERSTAND AND AGREE TO THE POLICIES AS STATED ABOVE.

Print Name of Participant: _____ Signature _____ Date: _____

Print Name of Parent/Guardian (if applicable): _____ Signature _____ Date: _____

ArtSeed's mission is to connect the most resourceful and gifted with the youngest and most vulnerable citizens of the Bay Area and beyond through projects that explore links between classical and cutting-edge fine arts disciplines. We do not discriminate on the basis of any disability, race, color, creed, gender, sexual orientation, political party, economic background, national or ethnic origin.

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. Any 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.

Mailing Address: P.O. Box 29277, San Francisco, CA 94129, **Email:** josefa@artseed.org, www.artseed.org, **Cell:** 415-656-9849.

Please indicate your choice of Interview location:

() ArtSeed's Presidio WorkSpaces, 1007 General Kennedy Avenue, Suites 206 & 210, San Francisco, CA 94129.

() Virtual interview option access: Contact josefa@artseed.org, 415-656-9849 to get a Google Meet link.

This application should be filled out by all participants including presenters, parents/guardians, volunteers, or artists. Please sign and mail this form to P.O. Box 29277, San Francisco, CA 94129, or scan and email it to josefa@artseed.org. Reservations may be limited to 6 students and 6 volunteers and are determined by applicants' first come, first served interview appointments. **We prefer to review applications and set interviews with candidates well in advance to ensure that the camp best serves all attendees. We appreciate your input and confirmation of attendance at least one month before the first day of camp.** For questions contact Josefa at 415-656-9849.